

Fill in this information to identify your case:

United States Bankruptcy Court for the:

Eastern District of Washington

Case number (If known): _____ Chapter you are filing under:

Chapter 7
 Chapter 11
 Chapter 12
 Chapter 13

Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

06/24

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint* case—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

About Debtor 1:

1. Your full name

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

Elizabeth

First name

Middle name

Rodriguez

Last name

Suffix (Sr., Jr, II, III)

About Debtor 2 (Spouse Only in a Joint Case):

Rodrigo

First name

Middle name

Rodriguez

Last name

Suffix (Sr., Jr, II, III)

2. All other names you have used in the last 8 years

Include your married or maiden names and any assumed, trade names and *doing business as* names.

Do NOT list the name of any separate legal entity such as a corporation, partnership, or LLC that is not filing this petition.

First name

Middle name

Last name

Business name (if applicable)

Business name (if applicable)

First name

Middle name

Last name

Business name (if applicable)

Business name (if applicable)

3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

xxx - xx - 6 8 0 8

OR

9xx - xx - _____

xxx - xx - 5 2 5 8

OR

9xx - xx - _____

Debtor 1
Debtor 2

**Elizabeth
Rodrigo**

First Name

**Rodriguez
Rodriguez**

Middle Name

Last Name

Case number (if known) _____

4. Your Employer Identification Number (EIN), if any.

— - - - -

EIN

5. Where you live

89050 E Calico Rd

Number Street

Kennewick, WA 99338

City State ZIP Code

Benton

County

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

Number Street

P.O. Box

City State ZIP Code

Number Street

City State ZIP Code

County

If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to you at this mailing address.

Number Street

P.O. Box

City State ZIP Code

6. Why you are choosing *this* district to file for bankruptcy

Check one:

Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

I have another reason. Explain.
(See 28 U.S.C. § 1408)

Check one:

Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

I have another reason. Explain.
(See 28 U.S.C. § 1408)

Debtor 1
Debtor 2

Elizabeth
Rodrigo

First Name

Rodriguez
Rodriguez

Middle Name

Last Name

Case number (if known) _____

Part 2: Tell the Court About Your Bankruptcy Case

7. The chapter of the Bankruptcy Code you are choosing to file under *Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.*

Chapter 7
 Chapter 11
 Chapter 12
 Chapter 13

8. How you will pay the fee

I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.

I need to pay the fee in installments. If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).

I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

9. Have you filed for bankruptcy within the last 8 years?

No.

Yes. District _____ When _____ Case number _____
MM / DD / YYYY

District _____ When _____ Case number _____
MM / DD / YYYY

District _____ When _____ Case number _____
MM / DD / YYYY

10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?

No.

Yes. Debtor _____ Relationship to you _____
District _____ When _____ Case number, if known _____
MM / DD / YYYY

Debtor _____ Relationship to you _____
District _____ When _____ Case number, if known _____
MM / DD / YYYY

11. Do you rent your residence?

No. Go to line 12.

Yes. Has your landlord obtained an eviction judgment against you?

No. Go to line 12.

Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it as part of this bankruptcy petition.

Debtor 1
Debtor 2

**Elizabeth
Rodrigo**

First Name

Middle Name

**Rodriguez
Rodriguez**

Last Name

Case number (if known) _____

Part 3: Report About Any Businesses You Own as a Sole Proprietor

12. Are you a sole proprietor of any full- or part-time business?

No. Go to Part 4.
 Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

Triple A's Trucking

Name of business, if any

89050 E. Calico Road

Number Street

Kennewick

City

WA

State

99338

ZIP Code

Check the appropriate box to describe your business:

Health Care Business (as defined in 11 U.S.C. § 101(27A))
 Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
 Stockbroker (as defined in 11 U.S.C. § 101(53A))
 Commodity Broker (as defined in 11 U.S.C. § 101(6))
 None of the above

13. Are you filing under Chapter 11 of the Bankruptcy Code, and are you a *small business debtor*?

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).

No. I am not filing under Chapter 11.
 No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.
 Yes. I am filing under Chapter 11, I am a small business debtor according to the definition in the Bankruptcy Code, and I do not choose to proceed under Subchapter V of Chapter 11.
 Yes. I am filing under Chapter 11, I am a small business debtor according to the definition in the Bankruptcy Code, and I choose to proceed under Subchapter V of Chapter 11.

Debtor 1
Debtor 2

**Elizabeth
Rodrigo**

First Name

Middle Name

**Rodriguez
Rodriguez**

Last Name

Case number (if known) _____

Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

No.

Yes. What is the hazard? _____

If immediate attention is needed, why is it needed?

Where is the property?

Number _____ Street _____

City _____ State _____ ZIP Code _____

Elizabeth
Rodrigo

First Name

Rodriguez
Rodriguez

Middle Name

Last Name

Case number (if known) _____

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Elizabeth
Rodrigo

First Name

Rodriguez
Rodriguez

Middle Name

Last Name

Case number (if known) _____

Part 6: Answer These Questions for Reporting Purposes

16. What kind of debts do you have?

16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

No. Go to line 16b.
 Yes. Go to line 17.

16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.

No. Go to line 16c.
 Yes. Go to line 17.

16c. State the type of debts you owe that are not consumer debts or business debts.

17. Are you filing under Chapter 7?

Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?

No. I am not filing under Chapter 7. Go to line 18.

Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?

No
 Yes

18. How many creditors do you estimate that you owe?

1-49 1,000-5,000 25,001-50,000 50,000-100,000 More than 100,000
 50-99 5,001-10,000
 100-199 10,001-25,000
 200-999

19. How much do you estimate your assets to be worth?

\$0-\$50,000 \$1,000,001-\$10 million \$500,000,001-\$1 billion
 \$50,001-\$100,000 \$10,000,001-\$50 million \$1,000,000,001-\$10 billion
 \$100,001-\$500,000 \$50,000,001-\$100 million \$10,000,000,001-\$50 billion
 \$500,001-\$1 million \$100,000,001-\$500 million More than \$50 billion

20. How much do you estimate your liabilities to be?

\$0-\$50,000 \$1,000,001-\$10 million \$500,000,001-\$1 billion
 \$50,001-\$100,000 \$10,000,001-\$50 million \$1,000,000,001-\$10 billion
 \$100,001-\$500,000 \$50,000,001-\$100 million \$10,000,000,001-\$50 billion
 \$500,001-\$1 million \$100,000,001-\$500 million More than \$50 billion

Part 7: Sign Below

For you

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

 /s/ Elizabeth Rodriguez

Elizabeth Rodriguez, Debtor 1

Executed on 06/19/2025
MM/ DD/ YYYY

 /s/ Rodrigo Rodriguez

Rodrigo Rodriguez, Debtor 2

Executed on 06/19/2025
MM/ DD/ YYYY

Debtor 1
Debtor 2

**Elizabeth
Rodrigo**

First Name Middle Name

**Rodriguez
Rodriguez**

Last Name

Case number (if known) _____

**For your attorney, if you are
represented by one**

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

X

/s/ Amy Wilburn

Signature of Attorney for Debtor

Date 06/19/2025

MM / DD / YYYY

Amy Wilburn

Printed name

Law Office of Amy Wilburn, PLLC.

Firm name

PO Box 112350

Number Street

Tacoma

City

WA

State ZIP Code

Contact phone (253) 617-4380

Email address amy@amywilburnlaw.com

49583

Bar number

WA

State

Debtor 1
Debtor 2

**Elizabeth
Rodrigo**

First Name Middle Name

**Rodriguez
Rodriguez**

Last Name

Case number (if known) _____

Additional Items: Continuation Page

**12. Are you a sole proprietor of
any full- or part-time
business? (cont.)**

Triple A's Trucking

Name of business, if any

89050 E. Calico Road

Number Street

Kennewick

City

WA

State

99338

ZIP Code

Check the appropriate box to describe your business:

- Health Care Business (as defined in 11 U.S.C. § 101(27A))
- Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- Stockbroker (as defined in 11 U.S.C. § 101(53A))
- Commodity Broker (as defined in 11 U.S.C. § 101(6))
- None of the above

Fill in this information to identify your case and this filing:

Debtor 1	Elizabeth First Name	Rodriguez Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Rodrigo First Name	Rodriguez Middle Name	Last Name
United States Bankruptcy Court for the: Eastern		District of Washington	
Case number _____			

Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

No. Go to Part 2.

Yes. Where is the property?

1.1 **89050 E Calico Rd**
Street address, if available, or other description

Kennewick, WA 99338
City State ZIP Code

Benton
County

What is the property? Check all that apply.

- Single-family home
- Duplex or multi-unit building
- Condominium or cooperative
- Manufactured or mobile home
- Land
- Investment property
- Timeshare
- Other _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property?

\$1,006,140.00

Current value of the portion you own?

\$1,006,140.00

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Fee Simple

Check if this is community property (see instructions)

Other information you wish to add about this item, such as local property identification number: _____

Source of Value: **Assessor's Office, Zillow estimate**

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here →

\$1,006,140.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

- No
- Yes

3.1	Make: <u>Jeep</u>	Who has an interest in the property? Check one.	Do not deduct secured claims or exemptions. Put the amount of any secured claims on <i>Schedule D: Creditors Who Have Claims Secured by Property</i> .	
Model: <u>Wrangler</u>	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another			
Year: <u>2023</u>	<input checked="" type="checkbox"/> Check if this is community property (see instructions)	Current value of the entire property?	Current value of the portion you own?	
Approximate mileage: <u>34802</u>		<u>\$28,410.00</u>	<u>\$28,410.00</u>	

Other information:

Source of Value: KBB

If you own or have more than one, describe here:

3.2	Make: <u>Ford</u>	Who has an interest in the property? Check one.	Do not deduct secured claims or exemptions. Put the amount of any secured claims on <i>Schedule D: Creditors Who Have Claims Secured by Property</i> .	
Model: <u>F250</u>	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another			
Year: <u>2018</u>	<input checked="" type="checkbox"/> Check if this is community property (see instructions)	Current value of the entire property?	Current value of the portion you own?	
Approximate mileage: <u>247896</u>		<u>\$19,142.00</u>	<u>\$19,142.00</u>	

Other information:

Source of Value: KBB

3.3	Make: <u>Can-Am</u>	Who has an interest in the property? Check one.	Do not deduct secured claims or exemptions. Put the amount of any secured claims on <i>Schedule D: Creditors Who Have Claims Secured by Property</i> .	
Model: <u>UTV Maverick</u>	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another			
Year: <u>2020</u>	<input checked="" type="checkbox"/> Check if this is community property (see instructions)	Current value of the entire property?	Current value of the portion you own?	
Approximate mileage: _____		<u>\$3,225.00</u>	<u>\$3,225.00</u>	

Other information:

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

No
 Yes

4.1	Make: _____	Who has an interest in the property? Check one.	Do not deduct secured claims or exemptions. Put the amount of any secured claims on <i>Schedule D: Creditors Who Have Claims Secured by Property</i> .	
Model: _____	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another			
Year: _____	<input checked="" type="checkbox"/> Check if this is community property (see instructions)	Current value of the entire property?	Current value of the portion you own?	
Other information:		_____	_____	

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here



\$50,777.00

Part 3: Describe Your Personal and Household Items**Do you own or have any legal or equitable interest in any of the following items?****Current value of the portion you own?**
Do not deduct secured claims or exemptions.**6. Household goods and furnishings***Examples:* Major appliances, furniture, linens, china, kitchenware No Yes. Describe.**Appliances and furniture****\$750.00****7. Electronics***Examples:* Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games No Yes. Describe.**Televisions, other electronics****\$300.00****8. Collectibles of value***Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles No Yes. Describe.

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9. Equipment for sports and hobbies*Examples:* Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments No Yes. Describe.**Exercise equipment****\$50.00****10. Firearms***Examples:* Pistols, rifles, shotguns, ammunition, and related equipment No Yes. Describe.

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11. Clothes*Examples:* Everyday clothes, furs, leather coats, designer wear, shoes, accessories No Yes. Describe.**Clothes, shoes and outerwear****\$300.00****12. Jewelry***Examples:* Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver No Yes. Describe.**Rings, other jewelry****\$200.00**

13. **Non-farm animals***Examples:* Dogs, cats, birds, horses No Yes. Describe.

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14. **Any other personal and household items you did not already list, including any health aids you did not list** No Yes. Give specific information.

Tires

\$50.00

15. **Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here** →

\$1,650.00

Part 4: Describe Your Financial Assets**Do you own or have any legal or equitable interest in any of the following?**

Current value of the portion you own?
 Do not deduct secured claims or exemptions.

16. **Cash***Examples:* Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition No Yes Cash: \$80.0017. **Deposits of money***Examples:* Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. No Yes Institution name:

Bank of America

Account Number: 1147

(\$1,202.42)

17.1. Checking account:

Washington Federal Credit Union

Account Number: 6805

\$2,417.18

17.2. Checking account:

Bank of America

Account Number: 6935

\$10.00

17.3. Savings account:

18. **Bonds, mutual funds, or publicly traded stocks***Examples:* Bond funds, investment accounts with brokerage firms, money market accounts No Yes Institution or issuer name:

19. **Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture** No Yes. Give specific information about them.....

Name of entity:

% of ownership:

Triple A's Trucking100.00%\$0.0020. **Government and corporate bonds and other negotiable and non-negotiable instruments**

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.
Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

 No Yes. Give specific information about them.....

Issuer name:

21. **Retirement or pension accounts**

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

 No Yes. List each account separately. Type of account: Institution name:

401(k) or similar plan:	<hr/>	<hr/>
Pension plan:	<hr/>	<hr/>
IRA:	<hr/>	<hr/>
Retirement account:	<hr/>	<hr/>
Keogh:	<hr/>	<hr/>
Additional account:	<hr/>	<hr/>
Additional account:	<hr/>	<hr/>

22. **Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

 No Yes

Institution name or individual:

Other:	<u>Capital One</u>	<u>Deposit on Secured Credit Card</u>	<u>\$200.00</u>
Other:	<u>Capital One</u>	<u>Deposit on Secured Credit Card</u>	<u>\$700.00</u>

23. **Annuities** (A contract for a periodic payment of money to you, either for life or for a number of years) No Yes Issuer name and description:

24. **Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

 No Yes Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

25. **Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit** No Yes. Give specific information about them.

26. **Patents, copyrights, trademarks, trade secrets, and other intellectual property**

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

 No Yes. Give specific information about them.

27. **Licenses, franchises, and other general intangibles**

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

 No Yes. Give specific information about them.

Money or property owed to you?**Current value of the portion you own?**

Do not deduct secured claims or exemptions.

28. **Tax refunds owed to you** No Yes. Give specific information about them, including whether you already filed the returns and the tax years.

Federal:

State:

Local:

29. **Family support**

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

 No Yes. Give specific information.

--

Alimony: _____

Maintenance: _____

Support: _____

Divorce settlement: _____

Property settlement: _____

30. **Other amounts someone owes you**

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

 No Yes. Give specific information.

--

31. **Interests in insurance policies**

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

 No Yes. Name the insurance company of each policy and list its value.

Company name: _____

Beneficiary: _____

Surrender or refund value: _____

_____	_____	_____
_____	_____	_____
_____	_____	_____

32. **Any interest in property that is due you from someone who has died**

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

 No Yes. Give specific information.

--

33. **Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment**

Examples: Accidents, employment disputes, insurance claims, or rights to sue

 No Yes. Describe each claim.

--

34. **Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims** No Yes. Describe each claim.

--

35. Any financial assets you did not already list

 No Yes. Give specific information.

--	--

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here



\$2,204.76

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. Do you own or have any legal or equitable interest in any business-related property?

 No. Go to Part 6. Yes. Go to line 38.

Current value of the portion you own?
Do not deduct secured claims or exemptions.

38. Accounts receivable or commissions you already earned

 No Yes. Describe.

--	--

39. Office equipment, furnishings, and supplies

Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

 No Yes. Describe.

Office equipment and furniture

\$800.00

40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade

 No Yes. Describe.

2018 Reefer Utility Trailer

\$20,000.00

41. Inventory

 No Yes. Describe.

--	--

42. Interests in partnerships or joint ventures

 No Yes. Describe

Name of entity:

% of ownership:

_____	_____	_____
_____	_____	_____
_____	_____	_____

43. Customer lists, mailing lists, or other compilations

 No Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))? No Yes. Describe.

--	--

44. Any business-related property you did not already list

 No Yes. Give specific information

45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here



\$20,800.00

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.
If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

 No. Go to Part 7. Yes. Go to line 47.

Current value of the portion you own?
Do not deduct secured claims or exemptions.

47. Farm animals

Examples: Livestock, poultry, farm-raised fish

 No Yes

--	--

48. Crops—either growing or harvested

 No Yes. Give specific information.

--	--

49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade

 No Yes

--	--

50. Farm and fishing supplies, chemicals, and feed

 No Yes

--	--

51. Any farm- and commercial fishing-related property you did not already list

 No Yes. Give specific information.

--	--

52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here



\$0.00

--	--

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

 No Yes. Give specific information.

54. Add the dollar value of all of your entries from Part 7. Write that number here



\$0.00

--	--

Part 8: List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2 → \$1,006,140.0056. Part 2: Total vehicles, line 5 \$50,777.0057. Part 3: Total personal and household items, line 15 \$1,650.0058. Part 4: Total financial assets, line 36 \$2,204.7659. Part 5: Total business-related property, line 45 \$20,800.0060. Part 6: Total farm- and fishing-related property, line 52 \$0.0061. Part 7: Total other property not listed, line 54 + \$0.0062. Total personal property. Add lines 56 through 61. \$75,431.76 Copy personal property total → + \$75,431.76

63. Total of all property on Schedule A/B. Add line 55 + line 62.

\$1,081,571.76

Fill in this information to identify your case:

Debtor 1	Elizabeth	Rodriguez
First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Rodrigo	Rodriguez
First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	Eastern	District of Washington
Case number (if known)		

Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

04/25

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim <i>Check only one box for each exemption.</i>	Specific laws that allow exemption
Brief description: 89050 E Calico Rd Kennewick, WA 99338	\$1,006,140.00	<input checked="" type="checkbox"/> \$145,471.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wash. Rev. Code. § 6.13.030(b)
Line from <i>Schedule A/B</i> : 1.1			
Brief description: 2023 Jeep Wrangler	\$28,410.00	<input checked="" type="checkbox"/> \$15,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wash. Rev. Code. § 6.15.010(1)(d)(iv)
Line from <i>Schedule A/B</i> : 3.1			

3. Are you claiming a homestead exemption of more than \$214,000?

(Subject to adjustment on 4/01/28 and every 3 years after that for cases filed on or after the date of adjustment.)

No
 Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
 No
 Yes

Debtor 1 Elizabeth Rodriguez Case number (if known) _____

Debtor 2 Rodrigo Rodriguez

First Name Middle Name Last Name

Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption.	Specific laws that allow exemption
Brief description: <u>2018 Ford F250</u>	<u>\$19,142.00</u>	<input checked="" type="checkbox"/> <u>\$15,000.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Wash. Rev. Code. § 6.15.010(1)(d)(iv)</u>
Line from Schedule A/B: <u>3.2</u>			
Brief description: <u>2020 Can-Am UTV Maverick</u>	<u>\$3,225.00</u>	<input checked="" type="checkbox"/> <u>\$0.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Wash. Rev. Code. § 6.15.010(1)(d)(iv)</u>
Line from Schedule A/B: <u>3.3</u>			
Brief description: <u>Appliances and furniture</u>	<u>\$750.00</u>	<input checked="" type="checkbox"/> <u>\$750.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Wash. Rev. Code. § 6.15.010(1)(d)(i)</u>
Line from Schedule A/B: <u>6</u>			
Brief description: <u>Televisions, other electronics</u>	<u>\$300.00</u>	<input checked="" type="checkbox"/> <u>\$300.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Wash. Rev. Code. § 6.15.010(1)(d)(ii)</u>
Line from Schedule A/B: <u>7</u>			
Brief description: <u>Exercise equipment</u>	<u>\$50.00</u>	<input checked="" type="checkbox"/> <u>\$50.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Wash. Rev. Code. § 6.15.010(1)(d)(i)</u>
Line from Schedule A/B: <u>9</u>			
Brief description: <u>Clothes, shoes and outerwear</u>	<u>\$300.00</u>	<input checked="" type="checkbox"/> <u>\$300.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Wash. Rev. Code. § 6.15.010(1)(a)</u>
Line from Schedule A/B: <u>11</u>			
Brief description: <u>Rings, other jewelry</u>	<u>\$200.00</u>	<input checked="" type="checkbox"/> <u>\$200.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Wash. Rev. Code. § 6.15.010(1)(a)</u>
Line from Schedule A/B: <u>12</u>			

Debtor 1 Elizabeth Rodriguez Case number (if known) _____

Debtor 2 Rodrigo Rodriguez

First Name Middle Name Last Name

Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption.	Specific laws that allow exemption
Brief description: <u>Cash on Hand</u>	<u>\$80.00</u>	<input checked="" type="checkbox"/> <u>\$60.00</u>	<u>Wash. Rev. Code. § 6.27.150</u>
Line from Schedule A/B: <u>16</u>		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: <u>Washington Federal Credit Union</u> Checking account Acct. No.: 6805	<u>\$2,417.18</u>	<input checked="" type="checkbox"/> <u>\$0.00</u>	<u>15 U.S.C. § 1673</u>
Line from Schedule A/B: <u>17</u>		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: <u>Bank of America</u> Checking account Acct. No.: 1147	<u>(\$1,202.42)</u>	<input checked="" type="checkbox"/> <u>\$0.00</u>	<u>15 U.S.C. § 1673</u>
Line from Schedule A/B: <u>17</u>		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: <u>Bank of America</u> Savings account Acct. No.: 6935	<u>\$10.00</u>	<input checked="" type="checkbox"/> <u>\$10.00</u>	<u>15 U.S.C. § 1673</u>
Line from Schedule A/B: <u>17</u>		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: <u>Triple A's Trucking</u>	<u>\$0.00</u>	<input checked="" type="checkbox"/> <u>\$0.00</u>	<u>Wash. Rev. Code. § 6.15.010(1)(d)(ii)</u>
Line from Schedule A/B: <u>19</u>		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: <u>Capital One Deposit on Secured Credit Card</u> Other	<u>\$200.00</u>	<input checked="" type="checkbox"/> <u>\$0.00</u>	<u>Wash. Rev. Code. § 6.15.010(1)(d)(ii)</u>
Line from Schedule A/B: <u>22</u>		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: <u>Capital One Deposit on Secured Credit Card</u> Other	<u>\$700.00</u>	<input checked="" type="checkbox"/> <u>\$4.00</u>	<u>Wash. Rev. Code. § 6.15.010(1)(d)(ii)</u>
Line from Schedule A/B: <u>22</u>		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	

Debtor 1 Elizabeth Rodriguez Case number (if known) _____

Debtor 2 Rodrigo Rodriguez

First Name Middle Name Last Name

Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption.	Specific laws that allow exemption
Brief description: <u>Office equipment and furniture</u>	<u>\$800.00</u>	<input checked="" type="checkbox"/> <u>\$0.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Wash. Rev. Code. § 6.15.010(1)(e)</u>
Line from Schedule A/B: <u>39</u>			

Fill in this information to identify your case:

Debtor 1	<u>Elizabeth</u>	<u>Rodriguez</u>	
First Name	Middle Name	Last Name	
Debtor 2	<u>Rodrigo</u>	<u>Rodriguez</u>	
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Eastern</u>	District of	<u>Washington</u>
Case number (if known)			

Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
 Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
2.1 <u>Gesa Credit Union</u> Creditor's Name <u>51 Gage Blvd</u> Number Street <u>Richland, WA 99352</u> City State ZIP Code	Describe the property that secures the claim: <u>2018 Ford F250</u>	<u>\$11,045.17</u>	<u>\$19,142.00</u>
	As of the date you file, the claim is: Check all that apply.	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Nature of lien. Check all that apply.	<input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____	
	<input checked="" type="checkbox"/> Check if this claim relates to a community debt		
Date debt was incurred <u>11/2018</u>	Last 4 digits of account number	<u>2 6 0 1</u>	
Add the dollar value of your entries in Column A on this page. Write that number here:		<u>\$11,045.17</u>	

Debtor 1	Elizabeth	Rodriguez	Case number (if known) _____
Debtor 2	Rodrigo	Rodriguez	
	First Name	Middle Name	Last Name

Part 1:	Additional Page After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.	Column A	Column B	Column C
		Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any

2.2 Small Business Administration	Describe the property that secures the claim: \$862,700.00	\$23,217.18	\$839,482.82
Creditor's Name 409 3rd St SW	Office equipment and furniture 2018 Reefer Utility Trailer Washington Federal Credit Union		
Number Street Washington, DC 20416	As of the date you file, the claim is: Check all that apply.		
City State ZIP Code Washington, DC 20416	<input type="checkbox"/> Contingent	<input type="checkbox"/> Unliquidated	<input type="checkbox"/> Disputed
Who owes the debt? Check one.	Nature of lien. Check all that apply.		
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> An agreement you made (such as mortgage or secured car loan)		
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)		
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Judgment lien from a lawsuit		
<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Other (including a right to offset) Small Business Loan		
<input checked="" type="checkbox"/> Check if this claim relates to a community debt			
Date debt was incurred 05/31/2020	Last 4 digits of account number 7 8 0 3		
2.3 Spokane Teacher's Credit Union	Describe the property that secures the claim: \$34,752.22	\$20,000.00	\$14,752.22
Creditor's Name 9207 East Mission Avenue	2018 Reefer Utility Trailer		
Number Street Spokane, WA 99206	As of the date you file, the claim is: Check all that apply.		
City State ZIP Code Spokane, WA 99206	<input type="checkbox"/> Contingent	<input type="checkbox"/> Unliquidated	<input type="checkbox"/> Disputed
Who owes the debt? Check one.	Nature of lien. Check all that apply.		
<input type="checkbox"/> Debtor 1 only	<input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan)		
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)		
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Judgment lien from a lawsuit		
<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Other (including a right to offset)		
<input checked="" type="checkbox"/> Check if this claim relates to a community debt			
Date debt was incurred 6/20/2020	Last 4 digits of account number 8 0 8 5		
Add the dollar value of your entries in Column A on this page. Write that number here: \$897,452.22			
If this is the last page of your form, add the dollar value totals from all pages. Write that number here:			

Debtor 1	Elizabeth	Rodriguez	Case number (if known) _____
Debtor 2	Rodrigo	Rodriguez	
	First Name	Middle Name	Last Name

Part 1:	Additional Page After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.					
		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any		
2.4	Spokane Teacher's Credit Union	Describe the property that secures the claim: 2020 Can-Am UTV Maverick	\$7,912.29	\$3,225.00	\$4,687.29	
	Creditor's Name 9207 East Mission Avenue	Number Street Spokane, WA 99206	As of the date you file, the claim is: Check all that apply.			
	City State ZIP Code City State ZIP Code	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
	Who owes the debt? Check one.	Nature of lien. Check all that apply.				
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim relates to a community debt	<input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset)				
	Date debt was incurred 11/2018	Last 4 digits of account number	5 9 2 1			
2.5	The Goodyear Tire & Rubber Company	Describe the property that secures the claim: Tires	\$1,500.00	\$50.00	\$1,450.00	
	Creditor's Name 200 Innovation Way	Number Street Akron, OH 44316-0001	As of the date you file, the claim is: Check all that apply.			
	City State ZIP Code City State ZIP Code	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
	Who owes the debt? Check one.	Nature of lien. Check all that apply.				
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim relates to a community debt	<input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset)				
	Date debt was incurred	Last 4 digits of account number	5 3 9 9			
	Add the dollar value of your entries in Column A on this page. Write that number here: \$9,412.29					
	If this is the last page of your form, add the dollar value totals from all pages. Write that number here:					

Debtor 1	Elizabeth	Rodriguez	Case number (if known) _____
Debtor 2	Rodrigo	Rodriguez	
	First Name	Middle Name	Last Name

Part 1: Additional Page After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any

2.6 **2.6 Twinstar Credit Union** Describe the property that secures the claim: **\$72,964.00** **\$28,410.00** **\$44,554.00**

Creditor's Name PO Box Box 718	2023 Jeep Wrangler
Number Street Olympia, WA 98507-0718	As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
City State ZIP Code Olympia, WA 98507-0718	Nature of lien. Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____
Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim relates to a community debt	Date debt was incurred 06/09/2023 Last 4 digits of account number _____

2.7 **2.7 Umpqua Bank** Describe the property that secures the claim: **\$860,669.00** **\$1,006,140.00** **\$0.00**

Creditor's Name 500 SE Cass Ave	89050 E Calico Rd Kennewick, WA 99338
Number Street Roseburg, OR 97470-3103	As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
City State ZIP Code Roseburg, OR 97470-3103	Nature of lien. Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____
Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim relates to a community debt	Date debt was incurred 06/27/2022 Last 4 digits of account number 5 4 2 3

Add the dollar value of your entries in Column A on this page. Write that number here: \$933,633.00	
If this is the last page of your form, add the dollar value totals from all pages. Write that number here: \$1,851,542.68	

Fill in this information to identify your case:

Debtor 1	Elizabeth	Rodriguez
	First Name	Middle Name
		Last Name
Debtor 2 (Spouse, if filing)	Rodrigo	Rodriguez
	First Name	Middle Name
		Last Name
United States Bankruptcy Court for the:	Eastern	District of Washington
Case number (if known)		

Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Have Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

No. Go to Part 2.
 Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

Debtor 1	Elizabeth	Rodriguez	Case number (if known) _____
Debtor 2	Rodrigo	Rodriguez	
	First Name	Middle Name	Last Name

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

No. You have nothing to report in this part. Submit this form to the court with your other schedules.
 Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

			Total claim
4.1	Absolute Resolutions Investments, LLC	Last 4 digits of account number	\$716.00
	Nonpriority Creditor's Name PO Box Box 243	When was the debt incurred?	11/2022
	Number Street	As of the date you file, the claim is: Check all that apply.	
	Minneapolis, MN 55439	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	City State ZIP Code	Type of NONPRIORITY unsecured claim:	
		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collection Agency	
	Who incurred the debt? Check one.		
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt		
	Is the claim subject to offset?		
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Remarks: Original Creditor: US Bank, N.A.		
4.2	ADT	Last 4 digits of account number	\$992.19
	Nonpriority Creditor's Name PO Box 371878	When was the debt incurred?	5 8 1 9
	Number Street	As of the date you file, the claim is: Check all that apply.	
	Pittsburgh, PA 15250	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	City State ZIP Code	Type of NONPRIORITY unsecured claim:	
		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Security System	
	Who incurred the debt? Check one.		
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt		
	Is the claim subject to offset?		
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

4.3	American Express Nonpriority Creditor's Name P.O. Box 410 Number Street	Last 4 digits of account number <u>1 0 0 7</u>	\$5,830.44
	Ramsey, NJ 07446-0410 City State ZIP Code	When was the debt incurred?	
	As of the date you file, the claim is: Check all that apply.		
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Who incurred the debt? Check one.		
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt		
	Type of NONPRIORITY unsecured claim:		
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Revolving Account</u>		
	Is the claim subject to offset?		
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
4.4	AT&T Nonpriority Creditor's Name PO Box 5014 Number Street	Last 4 digits of account number <u>0 0 7 4</u>	unknown
	Carol Stream, IL 60197 City State ZIP Code	When was the debt incurred?	
	As of the date you file, the claim is: Check all that apply.		
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Who incurred the debt? Check one.		
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt		
	Type of NONPRIORITY unsecured claim:		
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Cellular Service</u>		
	Is the claim subject to offset?		
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor 1	Elizabeth	Rodriguez	Case number (if known) _____
Debtor 2	Rodrigo	Rodriguez	
	First Name	Middle Name	Last Name

Part 2: **Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.			Total claim
4.5	Banner Bank	Last 4 digits of account number	<u>6</u> <u>5</u> <u>1</u> <u>4</u>
Nonpriority Creditor's Name		When was the debt incurred?	
10 S 1st Ave			
Number	Street	As of the date you file, the claim is: Check all that apply.	
WallaWalla, WA 99362		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
City	State	ZIP Code	
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Revolving Account</u>			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.6	Banner Bank	Last 4 digits of account number	<u>1</u> <u>2</u> <u>3</u> <u>0</u>
Nonpriority Creditor's Name		When was the debt incurred?	
10 S 1st Ave			
Number	Street	As of the date you file, the claim is: Check all that apply.	
WallaWalla, WA 99362		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
City	State	ZIP Code	
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Revolving Account</u>			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1 Elizabeth Rodriguez Case number (if known) _____

Debtor 2 Rodrigo Rodriguez

First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.				Total claim
4.7 Banner Bank	Nonpriority Creditor's Name	Number	Street	Last 4 digits of account number <u>5 6 0 7</u> \$19,318.51
10 S 1st Ave	City	State	ZIP Code	When was the debt incurred? _____
				As of the date you file, the claim is: Check all that apply.
				<input type="checkbox"/> Contingent
				<input type="checkbox"/> Unliquidated
				<input type="checkbox"/> Disputed
				Type of NONPRIORITY unsecured claim:
				<input type="checkbox"/> Student loans
				<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims
				<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts
				<input checked="" type="checkbox"/> Other. Specify <u>Revolving Account</u>
Who incurred the debt? Check one.				
<input type="checkbox"/> Debtor 1 only				
<input type="checkbox"/> Debtor 2 only				
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only				
<input type="checkbox"/> At least one of the debtors and another				
<input checked="" type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				
4.8 Barclays Bank Delaware	Nonpriority Creditor's Name	Number	Street	Last 4 digits of account number <u>6 7 8 4</u> \$1,935.90
PO Box 8803	City	State	ZIP Code	When was the debt incurred? _____
				As of the date you file, the claim is: Check all that apply.
				<input type="checkbox"/> Contingent
				<input type="checkbox"/> Unliquidated
				<input type="checkbox"/> Disputed
Who incurred the debt? Check one.				Type of NONPRIORITY unsecured claim:
<input type="checkbox"/> Debtor 1 only				<input type="checkbox"/> Student loans
<input type="checkbox"/> Debtor 2 only				<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only				<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts
<input type="checkbox"/> At least one of the debtors and another				<input checked="" type="checkbox"/> Other. Specify <u>Revolving Account</u>
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. Total claim

4.9	Benton Rural Electric Association			Last 4 digits of account number	5 3 0 4	\$488.71
Nonpriority Creditor's Name			When was the debt incurred?			
402 7th St.						
Number	Street					
Prosser, WA 99350			As of the date you file, the claim is: Check all that apply.			
City	State	ZIP Code	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Who incurred the debt? Check one.						
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt						
Type of NONPRIORITY unsecured claim:						
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Utility</u>						
Is the claim subject to offset?						
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes						
4.10	Boone Emergency Physicians			Last 4 digits of account number	_____	\$1,447.99
Nonpriority Creditor's Name			When was the debt incurred?			
2753 Hospital Court						
Number	Street					
Rio Grande City, TX 78582			As of the date you file, the claim is: Check all that apply.			
City	State	ZIP Code	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Who incurred the debt? Check one.						
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt						
Type of NONPRIORITY unsecured claim:						
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Bill</u>						
Is the claim subject to offset?						
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes						

Debtor 1 **Elizabeth** **Rodriguez** Case number (if known) _____

Debtor 2 **Rodrigo** **Rodriguez**

First Name	Middle Name	Last Name
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Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. Total claim

4.11	Canal Insurance		Last 4 digits of account number	\$642.24
Nonpriority Creditor's Name		_____		
P.O Box 7		When was the debt incurred?		
Number	Street			
<hr/> Greenville, SC 29602		As of the date you file, the claim is: Check all that apply.		
City	State	ZIP Code	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt				
Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____				
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
4.12	Capital One		Last 4 digits of account number	\$210.00
Nonpriority Creditor's Name		_____		
PO Box 31293		When was the debt incurred?		
Number	Street			
<hr/> Salt Lake City, UT 84131		As of the date you file, the claim is: Check all that apply.		
City	State	ZIP Code	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt				
Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Revolving Account</u>				
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. Total claim

4.13	Capital One	Last 4 digits of account number	_____	\$696.00
Nonpriority Creditor's Name		When was the debt incurred?		
PO Box 31293		09/2024		
Number	Street			
Salt Lake City, UT 84131				
City	State	ZIP Code		
As of the date you file, the claim is: Check all that apply.				
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
Who incurred the debt? Check one.				
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt				
Type of NONPRIORITY unsecured claim:				
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Revolving Account				

<div style="border: 1px solid black; padding: 2px;">4.14</div> <div style="display: flex; justify-content: space-between;"> <div style="flex: 1;"> Carson Nonpriority Creditor's Name 3125 NW 35th Ave. Number Street </div> <div style="flex: 1; text-align: right;"> Last 4 digits of account number <u>1</u> <u>2</u> <u>5</u> <u>1</u> </div> <div style="flex: 1; text-align: right;"> <u>\$34,413.36</u> </div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div style="flex: 1;"> Portland, OR 97210 City State ZIP Code </div> <div style="flex: 1; text-align: right;"> As of the date you file, the claim is: Check all that apply. </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="flex: 1;"> Who incurred the debt? Check one. </div> <div style="flex: 1; text-align: right;"> Type of NONPRIORITY unsecured claim: </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="flex: 1;"> <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt </div> <div style="flex: 1; text-align: right;"> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Commercial Account</u> </div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div style="flex: 1;"> Is the claim subject to offset? </div> <div style="flex: 1; text-align: right;"> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes </div> </div>

Debtor 1 Elizabeth Rodriguez Case number (if known) _____

Debtor 2 Rodrigo Rodriguez

First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.				Total claim
4.15	<u>Christensen Oil Fuel</u> Nonpriority Creditor's Name <u>1060 Jadwin Ave.</u> Number Street	Last 4 digits of account number	<u>3 1 6 3</u>	<u>\$15,702.52</u>
		When was the debt incurred?		
	<u>Richland, WA 99352</u> City State ZIP Code	As of the date you file, the claim is: Check all that apply.		
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:		
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Commercial Account</u>		
	Is the claim subject to offset?			
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.16	<u>Citibank N.A.</u> Nonpriority Creditor's Name <u>PO Box 9001037</u> Number Street	Last 4 digits of account number	_____	<u>\$23,744.24</u>
		When was the debt incurred?		
	<u>Louisville, KY 40290-1037</u> City State ZIP Code	As of the date you file, the claim is: Check all that apply.		
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:		
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Revolving Account</u>		
	Is the claim subject to offset?			
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
Remarks: Wayfair				

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. Total claim

4.17	Citibank NA		Last 4 digits of account number	_____	\$1,896.00
Nonpriority Creditor's Name			When was the debt incurred?		
5800 S Corporate Place			06/2021		
Number	Street				
Sioux Falls, SD 57108					
City	State	ZIP Code			
Who incurred the debt? Check one.					
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt					
As of the date you file, the claim is: Check all that apply.					
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed					
Type of NONPRIORITY unsecured claim:					
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Revolving Account</u>					
Is the claim subject to offset?					
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
Remarks: Brand Source					
4.18	Citibank NA		Last 4 digits of account number	_____	\$7,096.00
Nonpriority Creditor's Name			When was the debt incurred?		
5800 S Corporate Place			05/2023		
Number	Street				
Sioux Falls, SD 57108					
City	State	ZIP Code			
Who incurred the debt? Check one.					
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt					
As of the date you file, the claim is: Check all that apply.					
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed					
Type of NONPRIORITY unsecured claim:					
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Revolving Account</u>					
Is the claim subject to offset?					
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
Remarks: Home Depot					

Debtor 1	Elizabeth	Rodriguez	Case number (if known) _____
Debtor 2	Rodrigo	Rodriguez	
	First Name	Middle Name	Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.				Total claim
4.19	Citibank NA Nonpriority Creditor's Name 5800 S Corporate Place Number Street Sioux Falls, SD 57108 City State ZIP Code	Last 4 digits of account number	<u>3</u> <u>4</u> <u>8</u> <u>9</u>	<u>\$1,109.09</u>
When was the debt incurred? _____				
As of the date you file, the claim is: Check all that apply.				
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
Who incurred the debt? Check one.				
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt				
Type of NONPRIORITY unsecured claim:				
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Revolving Account</u>				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
Remarks: Home Depot Card				
4.20	Citibank, N.A. Nonpriority Creditor's Name PO Box 9001094 Number Street Louisville, KY 40290-1094 City State ZIP Code	Last 4 digits of account number	_____	<u>\$17,178.41</u>
When was the debt incurred? _____				
As of the date you file, the claim is: Check all that apply.				
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
Who incurred the debt? Check one.				
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt				
Type of NONPRIORITY unsecured claim:				
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Revolving Account</u>				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
Remarks: Macy's American Express				

Debtor 1 Elizabeth Rodriguez Case number (if known) _____

Debtor 2 Rodrigo Rodriguez

First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. Total claim

4.21 <u>City of Kennewick</u> Nonpriority Creditor's Name <u>210 W 6th Ave.</u> Number Street <u>Kennewick, WA 99336</u> City State ZIP Code	Last 4 digits of account number _____ <u>\$257.30</u> <u>When was the debt incurred?</u> _____
As of the date you file, the claim is: Check all that apply.	
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Type of NONPRIORITY unsecured claim:	
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	
Who incurred the debt? Check one.	
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt	
Is the claim subject to offset?	
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
4.22 <u>City of West Richland</u> Nonpriority Creditor's Name <u>3100 Belmont Boulevard Suite 100</u> Number Street <u>West Richland, WA 99353</u> City State ZIP Code	
Last 4 digits of account number <u>0 4 0 5</u> <u>\$123.15</u> <u>When was the debt incurred?</u> _____	
As of the date you file, the claim is: Check all that apply.	
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Type of NONPRIORITY unsecured claim:	
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	
Who incurred the debt? Check one.	
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt	
Is the claim subject to offset?	
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor 1 Elizabeth Rodriguez Case number (if known) _____

Debtor 2 Rodrigo Rodriguez

First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.				Total claim
4.23	<u>Coast Professional, Inc.</u> Nonpriority Creditor's Name <u>4273 Volunteer Road</u> Number Street	Last 4 digits of account number	<u>6 2 3 3</u>	<u>\$2,113.46</u>
		When was the debt incurred?		
	<u>Geneseo, NY 14454</u> City State ZIP Code	As of the date you file, the claim is: Check all that apply.		
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:		
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Commercial Account</u>		
	Is the claim subject to offset?			
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.24	<u>CO-Energy, Inc.</u> Nonpriority Creditor's Name <u>1015 N Oregon Ave</u> Number Street	Last 4 digits of account number	-----	<u>\$5,120.38</u>
		When was the debt incurred?		
	<u>Pasco, WA 99301</u> City State ZIP Code	As of the date you file, the claim is: Check all that apply.		
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:		
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Commercial Account</u>		
	Is the claim subject to offset?			
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1	Elizabeth	Rodriguez	Case number (if known) _____
Debtor 2	Rodrigo	Rodriguez	
	First Name	Middle Name	Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.			Total claim
4.25	Coleman Oil	Last 4 digits of account number	\$11,714.40
Nonpriority Creditor's Name		When was the debt incurred?	
335 Mill Road			
Number	Street	As of the date you file, the claim is: Check all that apply.	
Lewiston, ID 83501		<input type="checkbox"/> Contingent	
City	State	<input type="checkbox"/> Unliquidated	
ZIP Code		<input type="checkbox"/> Disputed	
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only	Type of NONPRIORITY unsecured claim:		
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Student loans		
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input checked="" type="checkbox"/> Check if this claim is for a community debt	<input checked="" type="checkbox"/> Other. Specify Commercial Account		
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes			
4.26	Comenity Bank	Last 4 digits of account number	\$5,319.04
Nonpriority Creditor's Name		When was the debt incurred?	
PO Box 182120			
Number	Street	As of the date you file, the claim is: Check all that apply.	
Columbus, OH 43218-2120		<input type="checkbox"/> Contingent	
City	State	<input type="checkbox"/> Unliquidated	
ZIP Code		<input type="checkbox"/> Disputed	
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only	Type of NONPRIORITY unsecured claim:		
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Student loans		
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input checked="" type="checkbox"/> Check if this claim is for a community debt	<input checked="" type="checkbox"/> Other. Specify Revolving Account		
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes			
Remarks: Sports Authority			

Debtor 1	Elizabeth	Rodriguez	Case number (if known) _____
Debtor 2	Rodrigo	Rodriguez	
	First Name	Middle Name	Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.				Total claim
4.27	Crazy Frog Pest Control	Nonpriority Creditor's Name	Last 4 digits of account number	\$135.75
	4023 W. Clearwater Ave.	Number Street	When was the debt incurred?	
	Kennewick, WA 99336	City State ZIP Code	As of the date you file, the claim is: Check all that apply.	
			<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
			Type of NONPRIORITY unsecured claim:	
			<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	
			Who incurred the debt? Check one.	
			<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt	
			Is the claim subject to offset?	
			<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
4.28	Credit Collection Services	Nonpriority Creditor's Name	Last 4 digits of account number	\$110.00
	PO Box 607	Number Street	When was the debt incurred?	
	Norwood, MA 02062	City State ZIP Code	As of the date you file, the claim is: Check all that apply.	
			<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
			Type of NONPRIORITY unsecured claim:	
			<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collection Agency	
			Who incurred the debt? Check one.	
			<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt	
			Is the claim subject to offset?	
			<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor 1 Elizabeth Rodriguez Case number (if known) _____

Debtor 2 Rodrigo Rodriguez

First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.				Total claim
4.29	<u>Credit Management LP</u> Nonpriority Creditor's Name 6080 Tennyson Pkwy Suite 100 Number Street	Last 4 digits of account number	<u>2</u> <u>6</u> <u>2</u> <u>4</u>	<u>\$45.68</u>
		When was the debt incurred?		
		As of the date you file, the claim is: Check all that apply.		
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	<u>Plano, TX 75024-6002</u> City State ZIP Code	Type of NONPRIORITY unsecured claim:		
		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Collection Agency</u>		
	Who incurred the debt? Check one.			
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt			
	Is the claim subject to offset?			
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.30	<u>Direct TV</u> Nonpriority Creditor's Name 2230 E Imperial Hwy Number Street	Last 4 digits of account number	<u>7</u> <u>7</u> <u>6</u> <u>9</u>	<u>\$1,582.91</u>
		When was the debt incurred?		
		As of the date you file, the claim is: Check all that apply.		
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	<u>El Segundo, CA 90245</u> City State ZIP Code	Type of NONPRIORITY unsecured claim:		
		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Utility</u>		
	Who incurred the debt? Check one.			
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt			
	Is the claim subject to offset?			
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1	Elizabeth	Rodriguez	Case number (if known) _____
Debtor 2	Rodrigo	Rodriguez	
	First Name	Middle Name	Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.				Total claim
4.31	Dobbs Peterbilt Nonpriority Creditor's Name 2800 136th Avenue Court E. Number Street	Last 4 digits of account number	_____	\$1,700.00
		When was the debt incurred?	_____	
	Sumner, WA 98390 City State ZIP Code	As of the date you file, the claim is: Check all that apply.		
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
		Type of NONPRIORITY unsecured claim:		
		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Commercial Account		
	Who incurred the debt? Check one.	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt		
	Is the claim subject to offset?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
4.32	E-470 Public Highway Authority Nonpriority Creditor's Name P.O. Box 5470 Number Street	Last 4 digits of account number	5 0 4 9	<u>unknown</u>
		When was the debt incurred?	_____	
	Denver, CO 80217-5470 City State ZIP Code	As of the date you file, the claim is: Check all that apply.		
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
		Type of NONPRIORITY unsecured claim:		
		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____		
	Who incurred the debt? Check one.	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt		
	Is the claim subject to offset?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor 1 Elizabeth Rodriguez Case number (if known) _____

Debtor 2 Rodrigo Rodriguez

First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.			Total claim
4.33	<u>Ed Financial/ESA</u> Nonpriority Creditor's Name 120 N. Seven Oaks Dr. Number Street Knoxville, TN 37922-2359 City State ZIP Code	Last 4 digits of account number When was the debt incurred?	<u>-----</u> <u>\$8,958.00</u>
<p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____</p>			
<p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt</p>			
<p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>			
4.34	<u>Ed Financial/ESA</u> Nonpriority Creditor's Name 120 N. Seven Oaks Dr. Number Street Knoxville, TN 37922-2359 City State ZIP Code	Last 4 digits of account number When was the debt incurred?	<u>-----</u> <u>\$15,876.00</u>
<p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____</p>			
<p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt</p>			
<p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>			

Debtor 1 Elizabeth Rodriguez Case number (if known) _____

Debtor 2 Rodrigo Rodriguez

First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.				Total claim
4.37	<u>FleetOne Holdings, LLC</u> Nonpriority Creditor's Name <u>PO Box 630038</u> Number Street <u>Cincinnati, OH 45263-0038</u> City State ZIP Code	Last 4 digits of account number	<u>5 1 9 4</u>	<u>\$2,023.48</u>
When was the debt incurred? _____				
As of the date you file, the claim is: Check all that apply.				
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
Who incurred the debt? Check one.				
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt				
Type of NONPRIORITY unsecured claim:				
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Commercial Account</u>				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
4.38	<u>Flyers Energy, LLC</u> Nonpriority Creditor's Name <u>2360 Lindbergh Street</u> Number Street <u>Auburn, CA 95602</u> City State ZIP Code	Last 4 digits of account number	<u>6 9 5 7</u>	<u>\$41,685.74</u>
When was the debt incurred? _____				
As of the date you file, the claim is: Check all that apply.				
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
Who incurred the debt? Check one.				
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt				
Type of NONPRIORITY unsecured claim:				
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Commercial Account</u>				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. Total claim

4.39	<p>Geico Inc. Nonpriority Creditor's Name Attn: Region 3 Underwriting</p> <p>PO Box 9105 Number Street Macon, GA 31208</p> <p>City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____</p>	unknown
4.40	<p>Gesa Credit Union Nonpriority Creditor's Name 51 Gage Blvd</p> <p>Number Street</p> <p>Richland, WA 99352</p> <p>City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____</p> <p>When was the debt incurred? <u>11/2018</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Installment Account</u></p>	\$699.00

Debtor 1 Elizabeth Rodriguez Case number (if known) _____

Debtor 2 Rodrigo Rodriguez

First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.				Total claim
4.41	<u>Gesa Credit Union</u> Nonpriority Creditor's Name <u>51 Gage Blvd</u> Number Street	Last 4 digits of account number	<u>0 6 6 1</u>	<u>\$36,244.00</u>
		When was the debt incurred?	<u>11/2018</u>	
	<u>Richland, WA 99352</u> City State ZIP Code	As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Revolving Account</u>		
	Is the claim subject to offset?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
4.42	<u>Gesa Credit Union</u> Nonpriority Creditor's Name <u>51 Gage Blvd</u> Number Street	Last 4 digits of account number	<u>0 6 6 1</u>	<u>\$21,496.56</u>
	<u>Richland, WA 99352</u> City State ZIP Code	As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Revolving Account</u>		
	Is the claim subject to offset?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Remarks: Inspirus Credit Union				

Debtor 1	Elizabeth	Rodriguez	Case number (if known) _____
Debtor 2	Rodrigo	Rodriguez	
	First Name	Middle Name	Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.			Total claim
4.43	Gesa Credit Union	Last 4 digits of account number	\$9,157.69
Nonpriority Creditor's Name			When was the debt incurred?
51 Gage Blvd			
Number	Street	As of the date you file, the claim is: Check all that apply.	
Richland, WA 99352			<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
City	State	ZIP Code	
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Revolving Account			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
Remarks: Inspirus Credit Union			
4.44	Goldman Sachs Bank USA	Last 4 digits of account number	4 6 0 7
Nonpriority Creditor's Name			When was the debt incurred?
Lockbox 6112			07/2021
PO Box 7247			As of the date you file, the claim is: Check all that apply.
Number	Street	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Philadelphia, PA 19170-6112			
City	State	ZIP Code	
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Revolving Account			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
Remarks: Apple Card			

Debtor 1 Elizabeth Rodriguez Case number (if known) _____

Debtor 2 Rodrigo Rodriguez

First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.				Total claim
4.45	<u>Goldman Sachs Bank USA</u> Nonpriority Creditor's Name <u>Lockbox 6112</u>	Number Street <u>PO Box 7247</u>	Last 4 digits of account number <u>9 9 8 0</u>	<u>\$10,567.00</u>
			When was the debt incurred?	
			As of the date you file, the claim is: Check all that apply.	
			<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
			Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Revolving Account</u>	
			Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt	
			Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
			Remarks: Apple Card	
4.46	<u>GWP Holdings, LLC</u> Nonpriority Creditor's Name <u>2800 136th Avenue Ct. E.</u>	Number Street <u>Sumner, WA 98390-9206</u>	Last 4 digits of account number <u>5 8 8 6</u>	<u>\$2,397.53</u>
			When was the debt incurred?	
			As of the date you file, the claim is: Check all that apply.	
			<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
			Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u> </u>	
			Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt	
			Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor 1	Elizabeth	Rodriguez	Case number (if known) _____
Debtor 2	Rodrigo	Rodriguez	
	First Name	Middle Name	Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.			Total claim
4.47	HSBC Bank USA NA	Last 4 digits of account number	\$7,056.27
Nonpriority Creditor's Name			When was the debt incurred?
PO Box 4657			
Number	Street	As of the date you file, the claim is: Check all that apply.	
Carol Stream, IL 60197			<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
City	State	ZIP Code	
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Revolving Account			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.48	Hunt & Sons, LLC	Last 4 digits of account number	\$83,246.11
Nonpriority Creditor's Name			When was the debt incurred?
5750 S. Watt Ave			
Number	Street	As of the date you file, the claim is: Check all that apply.	
Sacramento, CA 95829			<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
City	State	ZIP Code	
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Commercial Account			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1	Elizabeth	Rodriguez	Case number (if known) _____
Debtor 2	Rodrigo	Rodriguez	
	First Name	Middle Name	Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.			Total claim
4.49	Incyte Pathology, PS	Last 4 digits of account number	\$8.77
Nonpriority Creditor's Name			When was the debt incurred?
P.O. Box 3495			
Number	Street	As of the date you file, the claim is: Check all that apply.	
Raymond, OH 43067-0475			<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
City	State	ZIP Code	Type of NONPRIORITY unsecured claim:
			<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Bill
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.50	Indiana Toll Road Concession Company	Last 4 digits of account number	\$76.00
Nonpriority Creditor's Name			When was the debt incurred?
3200 Cassopolis St.			
Number	Street	As of the date you file, the claim is: Check all that apply.	
Elkhart, IN 46514			<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
City	State	ZIP Code	Type of NONPRIORITY unsecured claim:
			<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1 Elizabeth Rodriguez Case number (if known) _____

Debtor 2 Rodrigo Rodriguez

First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.				Total claim
4.51	<u>Inland Imaging Associates, PS</u>	Nonpriority Creditor's Name	Last 4 digits of account number	<u>8</u> <u>6</u> <u>2</u> <u>5</u> <u>\$42.00</u>
	<u>801 S Stevens St.</u>	Number Street	When was the debt incurred?	_____
	<u>Spokane, WA 99204-2654</u>	City State ZIP Code	As of the date you file, the claim is: Check all that apply.	
			<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:		
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Bill</u>		
	Is the claim subject to offset?			
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.52	<u>Jefferson Capital System</u>	Nonpriority Creditor's Name	Last 4 digits of account number	<u>9</u> <u>4</u> <u>9</u> <u>3</u> <u>\$5,319.04</u>
	<u>PO Box 17210</u>	Number Street	When was the debt incurred?	_____
	<u>Golden, CO 80402</u>	City State ZIP Code	As of the date you file, the claim is: Check all that apply.	
			<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:		
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Revolving Account</u>		
	Is the claim subject to offset?			
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1 Elizabeth Rodriguez Case number (if known) _____

Debtor 2 Rodrigo Rodriguez

First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.				Total claim
4.53	<u>Justice Family Chiropractic</u> Nonpriority Creditor's Name 7106 W. Hood Place Number Street	Last 4 digits of account number	<u>L</u> <u>E</u> <u>U</u> <u>J</u>	<u>\$78.01</u>
		When was the debt incurred?		
	<u>Kennewick, WA 99336</u> City State ZIP Code	As of the date you file, the claim is: Check all that apply.		
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:		
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Bill</u>		
	Is the claim subject to offset?			
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.54	<u>Kadlec Regional Medical Center</u> Nonpriority Creditor's Name 888 Swift Blvd Number Street	Last 4 digits of account number	<u>\$2,747.00</u>	
		When was the debt incurred?		
	<u>Richland, WA 99352</u> City State ZIP Code	As of the date you file, the claim is: Check all that apply.		
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:		
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical</u>		
	Is the claim subject to offset?			
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. Total claim

4.55	Kadlec Regional Medical Center		Last 4 digits of account number	0000	\$169.00
Nonpriority Creditor's Name			When was the debt incurred?		
888 Swift Blvd					
Number	Street		As of the date you file, the claim is: Check all that apply.		
Richland, WA 99352			<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
City	State	ZIP Code	Type of NONPRIORITY unsecured claim:		
Who incurred the debt? Check one.			<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical</u>		
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt					
Is the claim subject to offset?			<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
4.56	Les Schwab Tire Center		Last 4 digits of account number	0 6 7 1	\$4,905.16
Nonpriority Creditor's Name			When was the debt incurred?		
PO Box 5350			As of the date you file, the claim is: Check all that apply.		
Number	Street		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Bend, OR 97708			Type of NONPRIORITY unsecured claim:		
City	State	ZIP Code	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical</u>		
Who incurred the debt? Check one.					
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt					
Is the claim subject to offset?			<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor 1 Elizabeth Rodriguez Case number (if known) _____

Debtor 2 Rodrigo Rodriguez

First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.				Total claim
4.57	<u>Linebarger Goggin Blair & Sampson LLP</u> Nonpriority Creditor's Name <u>PO Box 17428</u> Number Street	Last 4 digits of account number	<u>1</u> <u>5</u> <u>2</u> <u>6</u>	<u>\$115.50</u>
		When was the debt incurred?		
	<u>Austin, TX 78760</u> City State ZIP Code	As of the date you file, the claim is: Check all that apply.		
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:		
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Collection Agency</u>		
	Is the claim subject to offset?			
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.58	<u>Malheur County Circuit Court</u> Nonpriority Creditor's Name <u>251 B. Street W. Box 3</u> Number Street	Last 4 digits of account number	<u>0</u> <u>8</u> <u>3</u> <u>3</u>	<u>\$1,000.00</u>
		When was the debt incurred?		
	<u>Vale, OR 97918</u> City State ZIP Code	As of the date you file, the claim is: Check all that apply.		
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:		
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Traffic Violation</u>		
	Is the claim subject to offset?			
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1 Elizabeth Rodriguez Case number (if known) _____

Debtor 2 Rodrigo Rodriguez

First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.			Total claim
4.59	<u>Maryland Transportation Authority</u> Nonpriority Creditor's Name <u>P.O. Box 12853</u> Number Street	Last 4 digits of account number	<u>\$61.00</u>
		When was the debt incurred?	
	<u>Philadelphia, PA 19176-0853</u> City State ZIP Code	As of the date you file, the claim is: Check all that apply.	
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
		Type of NONPRIORITY unsecured claim:	
		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>_____</u>	
	Who incurred the debt? Check one.	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt	
	Is the claim subject to offset?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
4.60	<u>Michael Breier, DMD</u> Nonpriority Creditor's Name <u>2469 Queensgate Dr</u> Number Street	Last 4 digits of account number	<u>\$1,578.50</u>
		When was the debt incurred?	<u>07/2023</u>
	<u>Richland, WA 99352</u> City State ZIP Code	As of the date you file, the claim is: Check all that apply.	
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		Type of NONPRIORITY unsecured claim:	
		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Bill</u>	
	Who incurred the debt? Check one.	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt	
	Is the claim subject to offset?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor 1 Elizabeth Rodriguez Case number (if known) _____

Debtor 2 Rodrigo Rodriguez

First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.					Total claim
4.61	Motive	Nonpriority Creditor's Name	Last 4 digits of account number	<u>6</u> <u>5</u> <u>5</u> <u>3</u>	<u>\$1,369.62</u>
		55 Hawthorne Street Suite 400	When was the debt incurred?		
		Number Street			
		San Francisco, CA 94105	As of the date you file, the claim is: Check all that apply.		
		City State ZIP Code	<input type="checkbox"/> Contingent		
			<input type="checkbox"/> Unliquidated		
			<input type="checkbox"/> Disputed		
			Type of NONPRIORITY unsecured claim:		
			<input type="checkbox"/> Student loans		
			<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
			<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
			<input checked="" type="checkbox"/> Other. Specify _____		
			Who incurred the debt? Check one.		
			<input type="checkbox"/> Debtor 1 only		
			<input type="checkbox"/> Debtor 2 only		
			<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only		
			<input type="checkbox"/> At least one of the debtors and another		
			<input checked="" type="checkbox"/> Check if this claim is for a community debt		
			Is the claim subject to offset?		
			<input checked="" type="checkbox"/> No		
			<input type="checkbox"/> Yes		
4.62	NC Quick Pass	Nonpriority Creditor's Name	Last 4 digits of account number	<u>3</u> <u>5</u> <u>6</u> <u>1</u>	<u>\$180.88</u>
		P.O. Box 100020	When was the debt incurred?		
		Number Street			
		Fort Lauderdale, FL 33302-4430	As of the date you file, the claim is: Check all that apply.		
		City State ZIP Code	<input type="checkbox"/> Contingent		
			<input type="checkbox"/> Unliquidated		
			<input type="checkbox"/> Disputed		
			Type of NONPRIORITY unsecured claim:		
			<input type="checkbox"/> Student loans		
			<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
			<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
			<input checked="" type="checkbox"/> Other. Specify _____		
			Who incurred the debt? Check one.		
			<input type="checkbox"/> Debtor 1 only		
			<input type="checkbox"/> Debtor 2 only		
			<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only		
			<input type="checkbox"/> At least one of the debtors and another		
			<input checked="" type="checkbox"/> Check if this claim is for a community debt		
			Is the claim subject to offset?		
			<input checked="" type="checkbox"/> No		
			<input type="checkbox"/> Yes		

Debtor 1 Elizabeth Rodriguez Case number (if known) _____

Debtor 2 Rodrigo Rodriguez

First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.				Total claim
4.63	<u>New Jersey EZ-Pass</u> Nonpriority Creditor's Name <u>P.O. Box 4971</u> Number Street	Last 4 digits of account number	<u>0 9 R P</u>	<u>\$220.00</u>
		When was the debt incurred? _____		
		As of the date you file, the claim is: Check all that apply.		
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
		Type of NONPRIORITY unsecured claim:		
		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____		
		Who incurred the debt? Check one.		
		<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt		
		Is the claim subject to offset?		
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
4.64	<u>Nolan's Collisions</u> Nonpriority Creditor's Name <u>1125 E. Columbia Street</u> Number Street	Last 4 digits of account number	<u>7 5 7 9</u>	<u>\$1,503.92</u>
		When was the debt incurred? _____		
		As of the date you file, the claim is: Check all that apply.		
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
		Type of NONPRIORITY unsecured claim:		
		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____		
		Who incurred the debt? Check one.		
		<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt		
		Is the claim subject to offset?		
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor 1	Elizabeth	Rodriguez	Case number (if known) _____
Debtor 2	Rodrigo	Rodriguez	
	First Name	Middle Name	Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.				Total claim
4.65	North Texas Tollway Authority Nonpriority Creditor's Name P.O. Box 260928 Number Street Plano, TX 75026-0928 City State ZIP Code	Last 4 digits of account number	<u>8</u> <u>6</u> <u>3</u> <u>1</u>	<u>\$43.10</u>
When was the debt incurred? _____				
As of the date you file, the claim is: Check all that apply.				
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
Type of NONPRIORITY unsecured claim:				
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Traffic Violation</u>				
Who incurred the debt? Check one.				
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
4.66	North Texas Tollway Authority Nonpriority Creditor's Name P.O. Box 260928 Number Street Plano, TX 75026-0928 City State ZIP Code	Last 4 digits of account number	_____	<u>\$120.77</u>
When was the debt incurred? _____				
As of the date you file, the claim is: Check all that apply.				
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
Type of NONPRIORITY unsecured claim:				
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____				
Who incurred the debt? Check one.				
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				

Debtor 1 Elizabeth Rodriguez Case number (if known) _____

Debtor 2 Rodrigo Rodriguez

First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.				Total claim
4.67	<u>North Texas Tollway Authority</u> Nonpriority Creditor's Name <u>P.O. Box 260928</u> Number Street	Last 4 digits of account number	<u>0 7 2 9</u>	<u>\$238.00</u>
		When was the debt incurred?		
	<u>Plano, TX 75026-0928</u> City State ZIP Code	As of the date you file, the claim is: Check all that apply.		
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:		
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____		
	Is the claim subject to offset?			
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.68	<u>Numerica Credit Union</u> Nonpriority Creditor's Name <u>PO Box Box 4000</u> Number Street	Last 4 digits of account number	_____	<u>\$5,059.47</u>
		When was the debt incurred?		
	<u>Veradale, WA 99037</u> City State ZIP Code	As of the date you file, the claim is: Check all that apply.		
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:		
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____		
	Is the claim subject to offset?			
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1 Elizabeth Rodriguez Case number (if known) _____

Debtor 2 Rodrigo Rodriguez

First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.				Total claim
4.69	<u>Oregon Judicial Department</u> Nonpriority Creditor's Name <u>1163 State St.</u> Number Street	Last 4 digits of account number	<u>7 2 8 4</u>	<u>\$440.00</u>
		When was the debt incurred?		
		As of the date you file, the claim is: Check all that apply.		
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	<u>Salem, OR 97301-2563</u> City State ZIP Code	Type of NONPRIORITY unsecured claim:		
		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Traffic Violation</u>		
	Who incurred the debt? Check one.			
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt			
	Is the claim subject to offset?			
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.70	<u>Pennsylvania Turnpike Toll by Plate</u> Nonpriority Creditor's Name <u>P.O. Box 645631</u> Number Street	Last 4 digits of account number	<u>2 2 6 1</u>	<u>\$290.00</u>
		When was the debt incurred?		
		As of the date you file, the claim is: Check all that apply.		
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	<u>Pittsburgh, PA 15264-5254</u> City State ZIP Code	Type of NONPRIORITY unsecured claim:		
		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u> </u>		
	Who incurred the debt? Check one.			
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt			
	Is the claim subject to offset?			
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1 **Elizabeth Rodriguez** Case number (if known) _____

Debtor 2 **Rodrigo Rodriguez**

First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.				Total claim
4.71	Petrocard, Inc. Nonpriority Creditor's Name 730 Central Ave S. Number Street	Last 4 digits of account number	<u>2 9 1 1</u>	<u>\$30,050.69</u>
		When was the debt incurred?		
	Kent, WA 98032 City State ZIP Code	As of the date you file, the claim is: Check all that apply.		
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:		
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Commercial Account</u>		
	Is the claim subject to offset?			
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.72	P-Fleet Fuel Card Nonpriority Creditor's Name 6390 Greenwich Drive Suite 200 Number Street	Last 4 digits of account number	_____	<u>\$1,455.85</u>
		When was the debt incurred?		
	San Diego, CA 92122 City State ZIP Code	As of the date you file, the claim is: Check all that apply.		
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:		
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Business Debt</u>		
	Is the claim subject to offset?			
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1	Elizabeth	Rodriguez	Case number (if known) _____
Debtor 2	Rodrigo	Rodriguez	
	First Name	Middle Name	Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.			Total claim
4.73	Pinnacle Pain Center	Last 4 digits of account number	\$109.76
Nonpriority Creditor's Name			
8524 W. Gage Blvd. Bldg. A-1			When was the debt incurred?
Number	Street		
As of the date you file, the claim is: Check all that apply.			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Kennewick, WA 99336			
City	State	ZIP Code	
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Bill			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.74	Prairie Electric, Inc.	Last 4 digits of account number	\$2,836.05
Nonpriority Creditor's Name			
27050 NE 10th Ave			When was the debt incurred?
Number	Street		
As of the date you file, the claim is: Check all that apply.			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Ridgefield, WA 98642			
City	State	ZIP Code	
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1 Elizabeth Rodriguez Case number (if known) _____

Debtor 2 Rodrigo Rodriguez

First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.			Total claim
4.75 <u>Premier Anesthesia</u> Nonpriority Creditor's Name <u>2655 Northwinds Parkway</u> Number Street	Last 4 digits of account number	_____	<u>\$44.04</u>
<u>Alpharetta, GA 30009</u> City State ZIP Code	When was the debt incurred?	_____	
As of the date you file, the claim is: Check all that apply.			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Bill</u>			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.76 <u>Revco Solutions Inc.</u> Nonpriority Creditor's Name <u>P.O. Box 2589</u> Number Street	Last 4 digits of account number	<u>0 7 8 9</u>	<u>\$672.46</u>
<u>Columbus, OH 43216-2589</u> City State ZIP Code	When was the debt incurred?	_____	
As of the date you file, the claim is: Check all that apply.			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Revolving Account</u>			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1 Elizabeth Rodriguez Case number (if known) _____

Debtor 2 Rodrigo Rodriguez

First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.			Total claim
4.77 <u>Riverlink</u> Nonpriority Creditor's Name <u>P.O. Box 70</u> Number Street	Last 4 digits of account number	<u>9 3 0 3</u>	<u>\$11.38</u>
<u>Perry, NY 14530</u> City State ZIP Code	When was the debt incurred? _____		
As of the date you file, the claim is: Check all that apply.			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____			
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.78 <u>Senske Services</u> Nonpriority Creditor's Name <u>400 N. Quay St.</u> Number Street	Last 4 digits of account number	_____	<u>\$661.00</u>
<u>Kennewick, WA 99336</u> City State ZIP Code	When was the debt incurred? <u>12/2023</u>		
As of the date you file, the claim is: Check all that apply.			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Revolving Account</u>			
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1	Elizabeth	Rodriguez	Case number (if known) _____
Debtor 2	Rodrigo	Rodriguez	
	First Name	Middle Name	Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.			Total claim
4.79	Smart Sales & Lease	Last 4 digits of account number	\$5,699.47
Nonpriority Creditor's Name		When was the debt incurred?	
3220 W Main St #200			
Number	Street	As of the date you file, the claim is: Check all that apply.	
Rapid City, SD 57702		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
City	State	ZIP Code	
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Personal Loan			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.80	Sound Credit Union	Last 4 digits of account number	\$25,098.34
Nonpriority Creditor's Name		When was the debt incurred?	
P.O. Box 1595			
Number	Street	As of the date you file, the claim is: Check all that apply.	
Tacoma, WA 98401		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
City	State	ZIP Code	
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1 Elizabeth Rodriguez Case number (if known) _____

Debtor 2 Rodrigo Rodriguez

First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.				Total claim
4.81	<u>Spokane Teacher's Credit Union</u> Nonpriority Creditor's Name 9207 East Mission Avenue Number Street	Last 4 digits of account number	_____	<u>\$7,799.00</u>
		When was the debt incurred?	_____	<u>11/2018</u>
		As of the date you file, the claim is: Check all that apply.		
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
		Type of NONPRIORITY unsecured claim:		
		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Revolving Account</u>		
	Who incurred the debt? Check one.			
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt			
	Is the claim subject to offset?			
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.82	<u>Spokane Teacher's Credit Union</u> Nonpriority Creditor's Name 9207 East Mission Avenue Number Street	Last 4 digits of account number	<u>4 5 3 9</u>	<u>\$5,816.00</u>
		When was the debt incurred?	_____	<u>07/2020</u>
		As of the date you file, the claim is: Check all that apply.		
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
		Type of NONPRIORITY unsecured claim:		
		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Revolving Account</u>		
	Who incurred the debt? Check one.			
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt			
	Is the claim subject to offset?			
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1 Elizabeth Rodriguez Case number (if known) _____

Debtor 2 Rodrigo Rodriguez

First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.				Total claim
4.83	<u>Spokane Teacher's Credit Union</u> Nonpriority Creditor's Name <u>9207 East Mission Avenue</u> Number Street	Last 4 digits of account number	<u>7 3 9 8</u>	<u>\$15,732.45</u>
		When was the debt incurred? _____		
	<u>Spokane, WA 99206</u> City State ZIP Code	As of the date you file, the claim is: Check all that apply.		
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:		
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Revolving Account</u>		
	Is the claim subject to offset?			
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.84	<u>Spokane Teacher's Credit Union</u> Nonpriority Creditor's Name <u>9207 East Mission Avenue</u> Number Street	Last 4 digits of account number	_____	<u>\$53,380.91</u>
		When was the debt incurred? _____		
	<u>Spokane, WA 99206</u> City State ZIP Code	As of the date you file, the claim is: Check all that apply.		
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:		
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____		
	Is the claim subject to offset?			
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1 Elizabeth Rodriguez Case number (if known) _____

Debtor 2 Rodrigo Rodriguez

First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.				Total claim
4.85	<u>Synchrony Bank</u> Nonpriority Creditor's Name <u>P.O. Box 960012</u> Number Street	Last 4 digits of account number	<u>1 7 0 9</u>	<u>\$933.74</u>
		When was the debt incurred?		
	<u>Orlando, FL 32896-0012</u> City State ZIP Code	As of the date you file, the claim is: Check all that apply.		
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
		Type of NONPRIORITY unsecured claim:		
		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Revolving Account</u>		
	Who incurred the debt? Check one.	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt		
	Is the claim subject to offset?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Remarks: CheapOair			
4.86	<u>TCL North America</u> Nonpriority Creditor's Name <u>850 New Burton Road Suite 201</u> Number Street	Last 4 digits of account number	_____	<u>\$87.60</u>
		When was the debt incurred?		
	<u>Dover, DE 19904</u> City State ZIP Code	As of the date you file, the claim is: Check all that apply.		
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
		Type of NONPRIORITY unsecured claim:		
		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____		
	Who incurred the debt? Check one.	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt		
	Is the claim subject to offset?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor 1 Elizabeth Rodriguez Case number (if known) _____

Debtor 2 Rodrigo Rodriguez

First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. Total claim

4.87 TD Bank USA Last 4 digits of account number 2 4 9 2 \$511.51

Nonpriority Creditor's Name

PO Box Box 673

Number Street

Minneapolis, MN 55440-0673

City State ZIP Code

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify Revolving Account

Is the claim subject to offset?

- No
- Yes

4.88 The Home Depot/CBNA Last 4 digits of account number \$1,109.09

Nonpriority Creditor's Name

PO Box 6497

Number Street

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify Revolving Account

Is the claim subject to offset?

- No
- Yes

Debtor 1 Elizabeth Rodriguez Case number (if known) _____

Debtor 2 Rodrigo Rodriguez

First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.				Total claim
4.89	<u>Transworld Systems, Inc.</u> Nonpriority Creditor's Name <u>P.O. Box 15110</u>	Number Street	Last 4 digits of account number	<u>2 1 0 9</u> <u>\$575.72</u>
			When was the debt incurred?	_____
	<u>Wilmington, DE 19850</u> City State ZIP Code		As of the date you file, the claim is: Check all that apply.	
			<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
			Type of NONPRIORITY unsecured claim:	
			<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Collection Agency</u>	
			Is the claim subject to offset?	
			<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
4.90	<u>Twinstar Credit Union</u> Nonpriority Creditor's Name <u>PO Box Box 718</u>	Number Street	Last 4 digits of account number	<u>5 9 8 9</u> <u>\$15,294.00</u>
			When was the debt incurred?	<u>11/2023</u>
	<u>Olympia, WA 98507-0718</u> City State ZIP Code		As of the date you file, the claim is: Check all that apply.	
			<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
			Type of NONPRIORITY unsecured claim:	
			<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Revolving Account</u>	
			Is the claim subject to offset?	
			<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor 1	Elizabeth	Rodriguez	Case number (if known) _____
Debtor 2	Rodrigo	Rodriguez	
	First Name	Middle Name	Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.				Total claim
4.91	ULine	Nonpriority Creditor's Name	Last 4 digits of account number	<u>1</u> <u>3</u> <u>8</u> <u>5</u> <u>\$753.56</u>
	12575 Uline Drive	Number Street	When was the debt incurred?	_____
	Pleasant Prairie, WI 53158	City State ZIP Code	As of the date you file, the claim is: Check all that apply.	
			<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:		
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____		
	Is the claim subject to offset?			
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.92	US Bank	Nonpriority Creditor's Name	Last 4 digits of account number	<u>4</u> <u>8</u> <u>2</u> <u>8</u> <u>\$15,148.00</u>
	800 Nicollet Mall	Number Street	When was the debt incurred?	_____ <u>01/2017</u>
	Minneapolis, MN 55402-7000	City State ZIP Code	As of the date you file, the claim is: Check all that apply.	
			<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:		
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Revolving Account</u>		
	Is the claim subject to offset?			
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1 Elizabeth Rodriguez Case number (if known) _____

Debtor 2 Rodrigo Rodriguez

First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.			Total claim
4.93 <u>US Bank</u> Nonpriority Creditor's Name 800 Nicollet Mall Number Street Minneapolis, MN 55402-7000 City State ZIP Code	Last 4 digits of account number	_____	<u>\$715.62</u>
When was the debt incurred? _____			
As of the date you file, the claim is: Check all that apply.			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____			
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
Remarks: Fred Meyer Visa			
4.94 <u>US Bank</u> Nonpriority Creditor's Name PO Box 108 Number Street Saint Louis, MO 63166 City State ZIP Code	Last 4 digits of account number	<u>0 4 8 8</u>	<u>\$1,422.18</u>
When was the debt incurred? _____			
As of the date you file, the claim is: Check all that apply.			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Revolving Account</u>			
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1 Elizabeth Rodriguez Case number (if known) _____

Debtor 2 Rodrigo Rodriguez

First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.				Total claim
4.95	Verizon Wireless Nonpriority Creditor's Name Bankruptcy Administration 500 Technology Drive Suite 550 Number Street Saint Charles, MO 63304 City State ZIP Code	Last 4 digits of account number When was the debt incurred?	<u>0</u> <u>0</u> <u>0</u> <u>1</u>	<u>\$4,783.08</u>
<p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Cellular Service</u></p>				
<p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>				
4.96	Violation Enforcement Systems Nonpriority Creditor's Name P.O. Box 1212 Number Street Horseheads, NY 14845-1200 City State ZIP Code	Last 4 digits of account number When was the debt incurred?	<u>5</u> <u>9</u> <u>R</u> <u>P</u>	<u>\$213.80</u>
<p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____</p>				
<p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>				

Debtor 1 Elizabeth Rodriguez Case number (if known) _____

Debtor 2 Rodrigo Rodriguez

First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.				Total claim
4.97	<u>WA Dept of Transportation</u> Nonpriority Creditor's Name P.O. Box 34562 Number Street Seattle, WA 98124-1562 City State ZIP Code	Last 4 digits of account number	<u>1 5 8 0</u>	<u>\$123.88</u>
When was the debt incurred? _____				
As of the date you file, the claim is: Check all that apply.				
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
Type of NONPRIORITY unsecured claim:				
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____				
Who incurred the debt? Check one.				
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
4.98	<u>Waterways, Inc.</u> Nonpriority Creditor's Name 2118 SE 12th Ave. #101 Number Street Battle Ground, WA 98604 City State ZIP Code	Last 4 digits of account number	_____	<u>\$1,102.62</u>
When was the debt incurred? _____				
As of the date you file, the claim is: Check all that apply.				
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
Type of NONPRIORITY unsecured claim:				
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____				
Who incurred the debt? Check one.				
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				

Debtor 1	Elizabeth	Rodriguez	Case number (if known) _____
Debtor 2	Rodrigo	Rodriguez	
	First Name	Middle Name	Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.				Total claim
4.99	Wells Fargo Card Services Nonpriority Creditor's Name PO Box 393 Number Street Minneapolis, MN 55480-0393 City State ZIP Code	Last 4 digits of account number	_____	\$2,337.00
<p>When was the debt incurred? <u>05/2018</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Revolving Account</u></p>				
<p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt</p>				
<p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>				
4.100	Wells Fargo Card Services Nonpriority Creditor's Name PO Box 393 Number Street Minneapolis, MN 55480-0393 City State ZIP Code	Last 4 digits of account number	<u>3 5 8 5</u>	<u>unknown</u>
<p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Revolving Account</u></p>				
<p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt</p>				
<p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>				

Debtor 1 Elizabeth Rodriguez Case number (if known) _____

Debtor 2 Rodrigo Rodriguez

First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.					Total claim
4.101	<u>Wheatland Bank</u> Nonpriority Creditor's Name 205 S. Main St. Suite 1 Number Street	Last 4 digits of account number	<u>5 6 4 6</u>		<u>\$17,088.57</u>
	<u>Ellensburg, WA 98926</u> City State ZIP Code	When was the debt incurred?			
	As of the date you file, the claim is: Check all that apply.				
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
	Type of NONPRIORITY unsecured claim:				
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Business Checking</u>				
	Who incurred the debt? Check one.				
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt				
	Is the claim subject to offset?				
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
4.102	<u>Wilcox & Flegel Oil Co.</u> Nonpriority Creditor's Name 95 Panel Way Number Street	Last 4 digits of account number	-----		<u>\$56,950.00</u>
	<u>Longview, WA 98632</u> City State ZIP Code	When was the debt incurred?	<u>08/2024</u>		
	As of the date you file, the claim is: Check all that apply.				
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
	Type of NONPRIORITY unsecured claim:				
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Commercial Account</u>				
	Who incurred the debt? Check one.				
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt				
	Is the claim subject to offset?				
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				

Debtor 1 Elizabeth Rodriguez Case number (if known) _____

Debtor 2 Rodrigo Rodriguez

First Name Middle Name Last Name

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

1. Radius Global Solutions LLC

On which entry in Part 1 or Part 2 did you list the original creditor?

Name
PO Box 390900
Number Street

Line 4.2 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Minneapolis, MN 55439

City State ZIP Code

2. Washington Collectors

On which entry in Part 1 or Part 2 did you list the original creditor?

Name
510 N. 20th Ave. Suite D
Number Street

Line 4.5 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Pasco, WA 99301

City State ZIP Code

3. Collection Bureau of Walla Walla

On which entry in Part 1 or Part 2 did you list the original creditor?

Name
224 E. Poplar St.
Number Street

Line 4.6 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Walla Walla, WA 99362

City State ZIP Code

4. Financial Recovery Services

On which entry in Part 1 or Part 2 did you list the original creditor?

Name
PO Box 385908
Number Street

Line 4.8 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Minneapolis, MN 55438

City State ZIP Code

5. Undue Medical Debt

On which entry in Part 1 or Part 2 did you list the original creditor?

Name
P.O. Box 19085
Number Street

Line 4.10 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 9 6 9 3

Long Island City, NY 11101-9085

City State ZIP Code

6. Media Collections, Inc.

On which entry in Part 1 or Part 2 did you list the original creditor?

Name
8948 Canyon Falls Blvd. Suite 200
Number Street

Line 4.11 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 2 0 3 4

Twinsburg, OH 44087-1900

City State ZIP Code

7. Dellwo, Roberts & Scanlon, P.S. Name 1124 W. Riverside Ave. Suite 310 Number Street	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.14</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number _____
Spokane, WA 99201-1109 City State ZIP Code	
8. NACM Commercial Services Name 7931 NE Halsey St. Suite 103 Number Street	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.15</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number _____
Portland, OR 97213 City State ZIP Code	
9. ARSI Name 555 St Charles Dr Suite 110 Number Street	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.16</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number _____
Thousand Oaks, CA 91360 City State ZIP Code	
10. Client Services Inc Name 3451 Harry S Truman Blvd Number Street	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.16</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number _____
Saint Charles, MO 63301-4047 City State ZIP Code	
11. Radius Global Solutions LLC Name PO Box 390900 Number Street	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.16</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number _____
Minneapolis, MN 55439 City State ZIP Code	
12. Portfolio Recovery Associates Name 120 Corporate Blvd 100 Number Street	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.16</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number _____
Norfolk, VA 23502 City State ZIP Code	

Debtor 1 Elizabeth Rodriguez Case number (if known) _____

Debtor 2 Rodrigo Rodriguez

First Name Middle Name Last Name

Part 3: List Others to Be Notified About a Debt That You Already Listed - Additional Page

13. <u>Client Services Inc</u>	On which entry in Part 1 or Part 2 did you list the original creditor?	
Name <u>3451 Harry S Truman Blvd</u>	Line <u>4.17</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims	
Number Street	Last 4 digits of account number _____	
<u>Saint Charles, MO 63301-4047</u>		
City _____	State _____	ZIP Code _____
14. <u>ARSI</u>	On which entry in Part 1 or Part 2 did you list the original creditor?	
Name <u>555 St Charles Dr Suite 110</u>	Line <u>4.17</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims	
Number Street	Last 4 digits of account number _____	
<u>Thousand Oaks, CA 91360</u>		
City _____	State _____	ZIP Code _____
15. <u>Cavalry Portfolio Services</u>	On which entry in Part 1 or Part 2 did you list the original creditor?	
Name <u>500 Summit Lake Dr.</u>	Line <u>4.18</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims	
Number Street	Last 4 digits of account number <u>6 7 4 2</u>	
<u>Valhalla, NY 10595-1340</u>		
City _____	State _____	ZIP Code _____
16. <u>Cavalry SPV I LLC</u>	On which entry in Part 1 or Part 2 did you list the original creditor?	
Name <u>1 American Lane Suite 220</u>	Line <u>4.18</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims	
Number Street	Last 4 digits of account number _____	
<u>Greenwich, CT 06831</u>		
City _____	State _____	ZIP Code _____
17. <u>United Collection Bureau Inc</u>	On which entry in Part 1 or Part 2 did you list the original creditor?	
Name <u>PO Box 140310</u>	Line <u>4.18</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims	
Number Street	Last 4 digits of account number _____	
<u>Toledo, OH 43614</u>		
City _____	State _____	ZIP Code _____
18. <u>McCarthy Burgess & Wolff</u>	On which entry in Part 1 or Part 2 did you list the original creditor?	
Name <u>26000 Cannon Rd</u>	Line <u>4.19</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims	
Number Street	Last 4 digits of account number _____	
<u>Bedford, OH 44146</u>		
City _____	State _____	ZIP Code _____

Debtor 1 Elizabeth Rodriguez Case number (if known) _____

Debtor 2 Rodrigo Rodriguez

First Name Middle Name Last Name

Part 3: List Others to Be Notified About a Debt That You Already Listed - Additional Page

19. <u>Credit Control LLC</u>	On which entry in Part 1 or Part 2 did you list the original creditor?
Name <u>PO Box 31179 Suite 500</u>	Line <u>4.20</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Number Street <u>Tampa, FL 33631</u>	Last 4 digits of account number _____
City State ZIP Code <u>City</u> <u>State</u> <u>ZIP Code</u>	
20. <u>United Collection Bureau Inc</u>	On which entry in Part 1 or Part 2 did you list the original creditor?
Name <u>PO Box 140310</u>	Line <u>4.20</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Number Street <u>Toledo, OH 43614</u>	Last 4 digits of account number _____
City State ZIP Code <u>City</u> <u>State</u> <u>ZIP Code</u>	
21. <u>Portfolio Recovery Associates</u>	On which entry in Part 1 or Part 2 did you list the original creditor?
Name <u>120 Corporate Blvd 100</u>	Line <u>4.20</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Number Street <u>Norfolk, VA 23502</u>	Last 4 digits of account number _____
City State ZIP Code <u>City</u> <u>State</u> <u>ZIP Code</u>	
22. <u>Armada Corp.</u>	On which entry in Part 1 or Part 2 did you list the original creditor?
Name <u>93 Eastmont Ave. Suite 100</u>	Line <u>4.21</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Number Street <u>East Wenatchee, WA 98802-5305</u>	Last 4 digits of account number _____
City State ZIP Code <u>City</u> <u>State</u> <u>ZIP Code</u>	
23. <u>Palladino Law Office, LLC</u>	On which entry in Part 1 or Part 2 did you list the original creditor?
Name <u>2400 Veterans Memorial Blvd. Suite 300A</u>	Line <u>4.24</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Number Street <u>Kenner, LA 70062</u>	Last 4 digits of account number _____
City State ZIP Code <u>City</u> <u>State</u> <u>ZIP Code</u>	
24. <u>Collection Bureau of Walla Walla</u>	On which entry in Part 1 or Part 2 did you list the original creditor?
Name <u>224 E. Poplar St.</u>	Line <u>4.25</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Number Street <u>Walla Walla, WA 99362</u>	Last 4 digits of account number _____
City State ZIP Code <u>City</u> <u>State</u> <u>ZIP Code</u>	

Debtor 1 Elizabeth Rodriguez Case number (if known) _____

Debtor 2 Rodrigo Rodriguez

First Name Middle Name Last Name

Part 3: List Others to Be Notified About a Debt That You Already Listed - Additional Page

25.	Jefferson Capital System	On which entry in Part 1 or Part 2 did you list the original creditor?
Name PO Box 17210		Line <u>4.26</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Number Street		Last 4 digits of account number _____
Golden, CO 80402		
City State ZIP Code		
26.	ARS National Services Inc.	On which entry in Part 1 or Part 2 did you list the original creditor?
Name PO Box 469046		Line <u>4.35</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Number Street		Last 4 digits of account number _____
Escondido, CA 92046-9046		
City State ZIP Code		
27.	Sunrise Credit Services	On which entry in Part 1 or Part 2 did you list the original creditor?
Name PO Box 9100		Line <u>4.35</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Number Street		Last 4 digits of account number _____
Farmingdale, NY 11735		
City State ZIP Code		
28.	Radius Global Solutions LLC	On which entry in Part 1 or Part 2 did you list the original creditor?
Name PO Box 390900		Line <u>4.35</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Number Street		Last 4 digits of account number _____
Minneapolis, MN 55439		
City State ZIP Code		
29.	Greenburg, Grant & Richards, Inc.	On which entry in Part 1 or Part 2 did you list the original creditor?
Name 5858 Westheimer Road Suite 500		Line <u>4.37</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Number Street		Last 4 digits of account number _____
Houston, TX 77057		
City State ZIP Code		
30.	Continental Commercial Group	On which entry in Part 1 or Part 2 did you list the original creditor?
Name 1111 N. Brand Blvd. Suite 401		Line <u>4.38</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Number Street		Last 4 digits of account number _____
Glendale, CA 91202		
City State ZIP Code		

Debtor 1 Elizabeth Rodriguez Case number (if known) _____

Debtor 2 Rodrigo Rodriguez

First Name Middle Name Last Name

Part 3: List Others to Be Notified About a Debt That You Already Listed - Additional Page

31. <u>Credit Collection Services</u>	On which entry in Part 1 or Part 2 did you list the original creditor?
Name PO Box 607	Line <u>4.39</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Number Street Norwood, MA 02062	Last 4 digits of account number <u>9 3 5 0</u>
City State ZIP Code	
32. <u>TriVerity, Inc.</u>	On which entry in Part 1 or Part 2 did you list the original creditor?
Name 26263 Forest Blvd. Suite 100	Line <u>4.40</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Number Street Wyoming, MN 55092	Last 4 digits of account number _____
City State ZIP Code	
33. <u>Merchants Credit Association</u>	On which entry in Part 1 or Part 2 did you list the original creditor?
Name 2245 152nd Avenue NE	Line <u>4.41</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Number Street Redmond, WA 98052	Last 4 digits of account number _____
City State ZIP Code	
34. <u>Nat Assoc of Credit Mgmt</u>	On which entry in Part 1 or Part 2 did you list the original creditor?
Name 8840 Columbia 100 Pkwy	Line <u>4.46</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Number Street Columbia, MD 21045	Last 4 digits of account number _____
City State ZIP Code	
35. <u>American Coradius International</u>	On which entry in Part 1 or Part 2 did you list the original creditor?
Name 2420 Sweet Home Road Suite 150	Line <u>4.47</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Number Street Buffalo, NY 14228	Last 4 digits of account number <u>2 7 5 4</u>
City State ZIP Code	
36. <u>Valley Empire Collection</u>	On which entry in Part 1 or Part 2 did you list the original creditor?
Name 8817 E. Mission Ave. Suite 101	Line <u>4.51</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Number Street Spokane, WA 99212	Last 4 digits of account number _____
City State ZIP Code	

Debtor 1 Elizabeth Rodriguez Case number (if known) _____

Debtor 2 Rodrigo Rodriguez

First Name Middle Name Last Name

Part 3: List Others to Be Notified About a Debt That You Already Listed - Additional Page

37. <u>Yakima Adjustment Service, Inc.</u>	On which entry in Part 1 or Part 2 did you list the original creditor?
Name <u>309 W. Lincoln Ave</u>	Line <u>4.53</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Number Street <u>Yakima, WA 98902-2655</u>	Last 4 digits of account number <u>L E U J</u>
City State ZIP Code	
38. <u>Harris & Harris</u>	On which entry in Part 1 or Part 2 did you list the original creditor?
Name <u>111 W Jackson Blvd 400</u>	Line <u>4.54</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Number Street <u>Chicago, IL 60604</u>	Last 4 digits of account number _____
City State ZIP Code	
39. <u>Optimum Outcomes</u>	On which entry in Part 1 or Part 2 did you list the original creditor?
Name <u>PO Box 660943</u>	Line <u>4.55</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Number Street <u>Dallas, TX 75266-0943</u>	Last 4 digits of account number _____
City State ZIP Code	
40. <u>Evergreen Financial Services Inc.</u>	On which entry in Part 1 or Part 2 did you list the original creditor?
Name <u>1214 North 16th Avenue</u>	Line <u>4.60</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Number Street <u>Yakima, WA 98902</u>	Last 4 digits of account number <u>6 9 6 0</u>
City State ZIP Code	
41. <u>Washington Collectors</u>	On which entry in Part 1 or Part 2 did you list the original creditor?
Name <u>510 N. 20th Ave. Suite D</u>	Line <u>4.64</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Number Street <u>Pasco, WA 99301</u>	Last 4 digits of account number _____
City State ZIP Code	
42. <u>Southwest Credit Systems</u>	On which entry in Part 1 or Part 2 did you list the original creditor?
Name <u>4120 International Pkwy #1100</u>	Line <u>4.65</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Number Street <u>Carrollton, TX 75007</u>	Last 4 digits of account number _____
City State ZIP Code	

Debtor 1	Elizabeth	Rodriguez	Case number (if known) _____
Debtor 2	Rodrigo	Rodriguez	
	First Name	Middle Name	Last Name

Part 3: List Others to Be Notified About a Debt That You Already Listed - Additional Page

43.	Valor Intelligent Processing LLC	On which entry in Part 1 or Part 2 did you list the original creditor?
Name P.O. Box 207899		Line <u>4.66</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Number Street Dallas, TX 75320-7899		Last 4 digits of account number <u>2 9 8 2</u>
City State ZIP Code		
44.	Automated Accounts, Inc.	On which entry in Part 1 or Part 2 did you list the original creditor?
Name 430 W. Sharp Ave		Line <u>4.68</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Number Street Spokane, WA 99201		Last 4 digits of account number <u>5 8 3 1</u>
City State ZIP Code		
45.	Law Office of Benjamin Kelly, P.S.	On which entry in Part 1 or Part 2 did you list the original creditor?
Name 9218 Roosevelt Way NE		Line <u>4.71</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Number Street Seattle, WA 98115		Last 4 digits of account number <u>o u r t</u>
City State ZIP Code		
46.	Caine & Weiner	On which entry in Part 1 or Part 2 did you list the original creditor?
Name 2000 Warrington Way		Line <u>4.72</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Number Street Louisville, KY 40222		Last 4 digits of account number <u> </u>
City State ZIP Code		
47.	ASAP Collections, Inc.	On which entry in Part 1 or Part 2 did you list the original creditor?
Name 6980 Santa Teresa Blvd. Suite 150		Line <u>4.74</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Number Street San Jose, CA 95119		Last 4 digits of account number <u>6 5 6 8</u>
City State ZIP Code		
48.	American Profit Recovery	On which entry in Part 1 or Part 2 did you list the original creditor?
Name 34505 W. 12 Mile Road Suite 333		Line <u>4.78</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Number Street Farmington, MI 48331		Last 4 digits of account number <u> </u>
City State ZIP Code		

Debtor 1	Elizabeth	Rodriguez	Case number (if known) _____
Debtor 2	Rodrigo	Rodriguez	
	First Name	Middle Name	Last Name

Part 3: List Others to Be Notified About a Debt That You Already Listed - Additional Page

49.	Express Collections	On which entry in Part 1 or Part 2 did you list the original creditor?
Name PO Box 9307 Number Street		Line <u>4.79</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number _____		
Rapid City, SD 57709 City State ZIP Code		
50.	Merchants Credit Association	On which entry in Part 1 or Part 2 did you list the original creditor?
Name 2245 152nd Avenue NE Number Street		Line <u>4.80</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number <u>7 1 8 8</u>		
Redmond, WA 98052 City State ZIP Code		
51.	Automated Accounts, Inc.	On which entry in Part 1 or Part 2 did you list the original creditor?
Name 430 W. Sharp Ave Number Street		Line <u>4.84</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number _____		
Spokane, WA 99201 City State ZIP Code		
52.	Target	On which entry in Part 1 or Part 2 did you list the original creditor?
Name PO Box 660170 Number Street		Line <u>4.87</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number _____		
Dallas, TX 75266-0170 City State ZIP Code		
53.	Enhanced Recovery Co.	On which entry in Part 1 or Part 2 did you list the original creditor?
Name P.O. Box 23870 Number Street		Line <u>4.87</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number <u>0 2 3 9</u>		
Jacksonville, FL 32241-3870 City State ZIP Code		
54.	McCarthy Burgess & Wolff	On which entry in Part 1 or Part 2 did you list the original creditor?
Name 26000 Cannon Rd Number Street		Line <u>4.88</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number _____		
Bedford, OH 44146 City State ZIP Code		

Debtor 1	Elizabeth	Rodriguez	Case number (if known) _____
Debtor 2	Rodrigo	Rodriguez	
	First Name	Middle Name	Last Name

Part 3: List Others to Be Notified About a Debt That You Already Listed - Additional Page

55.	AG Adjustments	On which entry in Part 1 or Part 2 did you list the original creditor?
Name One Huntington Quadrangle Suite 4N15		Line <u>4.91</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Number Street Melville, NY 11747		Last 4 digits of account number 1 3 8 5
City State ZIP Code		
56.	Absolute Resolution Investment	On which entry in Part 1 or Part 2 did you list the original creditor?
Name 8000 Norman Center Dr. Suite 350		Line <u>4.93</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Number Street Minneapolis, MN 55437		Last 4 digits of account number _____
City State ZIP Code		
57.	Arcon Credit Solutions, LLC	On which entry in Part 1 or Part 2 did you list the original creditor?
Name 8425 Seasons Parkway Suite 106		Line <u>4.93</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Number Street Saint Paul, MN 55125		Last 4 digits of account number _____
City State ZIP Code		
58.	Radius Global Solutions LLC	On which entry in Part 1 or Part 2 did you list the original creditor?
Name PO Box 390900		Line <u>4.93</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Number Street Minneapolis, MN 55439		Last 4 digits of account number _____
City State ZIP Code		
59.	First National Collection Bureau Inc	On which entry in Part 1 or Part 2 did you list the original creditor?
Name 50 W Liberty Street		Line <u>4.93</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Number Street Reno, NV 89501		Last 4 digits of account number _____
City State ZIP Code		
60.	Unifin, Inc.	On which entry in Part 1 or Part 2 did you list the original creditor?
Name P.O. Box 1608		Line <u>4.95</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Number Street Skokie, IL 60076		Last 4 digits of account number 0 6 2 1
City State ZIP Code		

Debtor 1 **Elizabeth Rodriguez** Case number (if known) _____

Debtor 2 **Rodrigo Rodriguez**

First Name Middle Name Last Name

Part 3: List Others to Be Notified About a Debt That You Already Listed - Additional Page

61. Jefferson Capital System	On which entry in Part 1 or Part 2 did you list the original creditor?	
Name PO Box 17210	Line <u>4.95</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims	
Number Street	Last 4 digits of account number _____	
Golden, CO 80402		
City	State	ZIP Code
62. Collection Bureau of Walla Walla	On which entry in Part 1 or Part 2 did you list the original creditor?	
Name 224 E. Poplar St.	Line <u>4.101</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims	
Number Street	Last 4 digits of account number _____	
Walla Walla, WA 99362		
City	State	ZIP Code
63. Fairway Collections	On which entry in Part 1 or Part 2 did you list the original creditor?	
Name 1616 S. Gold Street Suite 5	Line <u>4.102</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims	
Number Street	Last 4 digits of account number _____	
Centralia, WA 98531		
City	State	ZIP Code

Debtor 1 **Elizabeth Rodriguez** Case number (if known) _____

Debtor 2 **Rodrigo Rodriguez**

First Name Middle Name Last Name

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159.
Add the amounts for each type of unsecured claim.

		Total claim
Total claims from Part 1	6a. Domestic support obligations	6a. <u>\$0.00</u>
	6b. Taxes and certain other debts you owe the government	6b. <u>\$0.00</u>
	6c. Claims for death or personal injury while you were intoxicated	6c. <u>\$0.00</u>
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. + <u>\$0.00</u>
	6e. Total. Add lines 6a through 6d.	\$0.00

		Total claim
Total claims from Part 2	6f. Student loans	6f. <u>\$24,834.00</u>
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. <u>\$0.00</u>
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. <u>\$0.00</u>
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. + <u>\$725,531.48</u>
	6j. Total. Add lines 6f through 6i.	\$750,365.48

Debtor 1 **Elizabeth Rodriguez** Case number (if known) _____

Debtor 2 **Rodrigo Rodriguez**

First Name Middle Name Last Name

Part 1: Your PRIORITY Unsecured Claims – Continuation Page

Fill in this information to identify your case:

Debtor 1	<u>Elizabeth</u>	<u>Rodriguez</u>	
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<u>Rodrigo</u>	<u>Rodriguez</u>	
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Eastern</u>	District of	<u>Washington</u>
Case number (if known)	_____		

Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or company with whom you have the contract or lease		State what the contract or lease is for
2.1	Name		
	Number	Street	
	City	State	ZIP Code
2.2	Name		
	Number	Street	
	City	State	ZIP Code
2.3	Name		
	Number	Street	
	City	State	ZIP Code
2.4	Name		
	Number	Street	
	City	State	ZIP Code

Fill in this information to identify your case:

Debtor 1	Elizabeth	Rodriguez	
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Rodrigo	Rodriguez	
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Eastern		District of Washington	
Case number (if known)	<hr/>		

Check if this is an amended filing

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. **Do you have any codebtors?** (If you are filing a joint case, do not list either spouse as a codebtor.)
 No
 Yes
2. **Within the last 8 years, have you lived in a community property state or territory?** (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)
 No. Go to line 3.
 Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?
 No
 Yes. In which community state or territory did you live? Washington. Fill in the name and current address of that person.
Rodriguez, Rodrigo
Name of your spouse, former spouse, or legal equivalent

Rodriguez, Rodrigo

Name of your spouse, former spouse, or legal equivalent

89050 E Calico Rd

Number Street

Kennewick, WA 99338

City	State	ZIP Code
------	-------	----------

Yes. In which community state or territory did you live? **Washington**. Fill in the name and current address of that person.

Rodriguez, Elizabeth

Name of your spouse, former spouse, or legal equivalent

89050 E Calico Rd

Number Street

Kennewick, WA 99338

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on *Schedule D* (Official Form 106D), *Schedule E/F* (Official Form 106E/F), or *Schedule G* (Official Form 106G). Use *Schedule D*, *Schedule E/F*, or *Schedule G* to fill out Column 2.

Column 1: Your codebtor	Column 2: The creditor to whom you owe the debt
3.1	Check all schedules that apply:
Name	<input type="checkbox"/> Schedule D, line _____
Number	<input type="checkbox"/> Schedule E/F, line _____
Street	<input type="checkbox"/> Schedule G, line _____
City	State ZIP Code

Debtor 1 **Elizabeth** **Rodriguez** Case number (if known) _____

Debtor 2 **Rodrigo** **Rodriguez**

First Name Middle Name Last Name

Additional Page to List More Codebtors

Column 1: Your codebtor	Column 2: The creditor to whom you owe the debt	
Check all schedules that apply:		
3.2	<input type="checkbox"/> Schedule D, line _____	
Name	<input type="checkbox"/> Schedule E/F, line _____	
Number	<input type="checkbox"/> Schedule G, line _____	
Street		
City	State	ZIP Code

Fill in this information to identify your case:

Debtor 1	Elizabeth	Rodriguez	
First Name	Middle Name	Last Name	
Debtor 2	Rodrigo	Rodriguez	
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	Eastern	District of	Washington
Case number	(if known)		

Check if this is:

An amended filing
 A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Debtor 1

Employed
 Not employed

Debtor 2 or non-filing spouse

Employed
 Not employed

Occupation

Owner/Operator

Employer's name

Employer's address

Number Street

89050 E. Calico Road

City State ZIP Code

Kennewick, WA 99338

City State ZIP Code

How long employed there?

01/2016-present

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1

For Debtor 2 or non-filing spouse

2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2. _____ \$0.00 _____ \$0.00

3. Estimate and list monthly overtime pay.

3. + _____ \$0.00 + _____ \$0.00

4. Calculate gross income. Add line 2 + line 3.

4.

_____ \$0.00	_____ \$0.00
--------------	--------------

Debtor 1	Elizabeth	Rodriguez	Case number (if known) _____
Debtor 2	Rodrigo	Rodriguez	
	First Name	Middle Name	Last Name

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here..... → 4.	\$0.00	\$0.00
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	\$0.00	\$0.00
5b. Mandatory contributions for retirement plans	\$0.00	\$0.00
5c. Voluntary contributions for retirement plans	\$0.00	\$0.00
5d. Required repayments of retirement fund loans	\$0.00	\$0.00
5e. Insurance	\$0.00	\$0.00
5f. Domestic support obligations	\$0.00	\$0.00
5g. Union dues	\$0.00	\$0.00
5h. Other deductions. Specify: _____	\$0.00	\$0.00
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	\$0.00	\$0.00
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	\$0.00	\$0.00
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm	\$0.00	\$7,980.02
Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.		
8b. Interest and dividends	\$0.00	\$0.00
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive	\$0.00	\$0.00
Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.		
8d. Unemployment compensation	\$0.00	\$0.00
8e. Social Security	\$1,254.00	\$0.00
8f. Other government assistance that you regularly receive	\$0.00	\$0.00
Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.		
Specify: WA L & I Pension	\$2,857.37	\$0.00
8g. Pension or retirement income	\$0.00	\$0.00
8h. Other monthly income. Specify: _____	\$0.00	\$0.00
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	\$4,111.37	\$7,980.02
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	\$4,111.37	\$7,980.02
	=	\$12,091.39

Debtor 1 **Elizabeth Rodriguez** Case number (if known) _____

Debtor 2 **Rodrigo Rodriguez**

First Name Middle Name Last Name

11. State all other regular contributions to the expenses that you list in Schedule J.

Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.

Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.

Specify: _____ 11. + _____ \$0.00

12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.

Write that amount on the *Summary of Your Assets and Liabilities and Certain Statistical Information*, if it applies

12. _____ \$12,091.39

Combined monthly income

13. Do you expect an increase or decrease within the year after you file this form?

No.

Yes. Explain: _____

Debtor 1	Elizabeth	Rodriguez	Case number (if known) _____
Debtor 2	Rodrigo	Rodriguez	
	First Name	Middle Name	Last Name

8a. Attached Statement

Business Income

FINANCIAL REVIEW OF THE DEBTOR'S BUSINESS (NOTE: ONLY INCLUDE information directly related to the business operation.)

PART A - ESTIMATED AVERAGE FUTURE GROSS MONTHLY INCOME:

1. Gross Monthly Income:	<u>\$17,599.30</u>
--------------------------	---------------------------

PART B - ESTIMATED AVERAGE FUTURE MONTHLY EXPENSES:

2. Ordinary and necessary expense	<u>\$999.81</u>
3. Net Employee Payroll (Other than debtor)	<u>\$0.00</u>
4. Payroll Taxes	<u>\$0.00</u>
5. Unemployment Taxes	<u>\$0.00</u>
6. Worker's Compensation	<u>\$0.00</u>
7. Other Taxes	<u>\$417.52</u>
8. Inventory Purchases (Including raw materials)	<u>\$0.00</u>
9. Purchase of Feed/Fertilizer/Seed/Spray	<u>\$0.00</u>
10. Rent (Other than debtor's principal residence)	<u>\$0.00</u>
11. Utilities	<u>\$0.00</u>
12. Office Expenses and Supplies	<u>\$66.67</u>
13. Repairs and Maintenance	<u>\$3,531.30</u>
14. Vehicle Expenses	<u>\$2,567.66</u>
15. Travel and Entertainment	<u>\$0.00</u>
16. Equipment Rental and Leases	<u>\$0.00</u>
17. Legal/Accounting/Other Professional Fees	<u>\$0.00</u>
18. Insurance	<u>\$2,036.33</u>
19. Employee Benefits (e.g., pension, medical, etc.)	<u>\$0.00</u>
20. Payments to be Made Directly by Debtor to Secured Creditors for Pre-Petition Business Debts	<u>\$0.00</u>
TOTAL PAYMENTS TO SECURED CREDITORS	<u>\$0.00</u>
21. Other Expenses	<u>\$0.00</u>
TOTAL OTHER EXPENSES	<u>\$0.00</u>
22. TOTAL MONTHLY EXPENSES (Add item 2 - 21)	<u>\$9,619.27</u>
PART C - ESTIMATED AVERAGE NET MONTHLY INCOME:	
23. AVERAGE NET MONTHLY INCOME (Subtract item 22 from item 1)	<u>\$7,980.02</u>

Fill in this information to identify your case:

Debtor 1	Elizabeth	Rodriguez	
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Rodrigo	Rodriguez	
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	Eastern District of Washington		
Case number (if known)			

Check if this is:

An amended filing
 A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

No. Go to line 2.
 Yes. Does Debtor 2 live in a separate household?
 No
 Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2*.

2. Do you have dependents?

	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes. Fill out this information for each dependent.....	Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
Do not list Debtor 1 and Debtor 2.			Child	26	<input type="checkbox"/> No. <input checked="" type="checkbox"/> Yes.
Do not state the dependents' names.			Child	22	<input type="checkbox"/> No. <input checked="" type="checkbox"/> Yes.
					<input type="checkbox"/> No. <input type="checkbox"/> Yes.
					<input type="checkbox"/> No. <input type="checkbox"/> Yes.
					<input type="checkbox"/> No. <input type="checkbox"/> Yes.

3. Do your expenses include expenses of people other than yourself and your dependents?

No
 Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I).

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

Your expenses

4.	\$4,659.00
4a.	\$0.00
4b.	\$0.00
4c.	\$175.00
4d.	\$100.00

If not included in line 4:

4a. Real estate taxes
4b. Property, homeowner's, or renter's insurance
4c. Home maintenance, repair, and upkeep expenses
4d. Homeowner's association or condominium dues

		Your expenses
5.	Additional mortgage payments for your residence, such as home equity loans	5. _____ \$0.00
6.	Utilities:	
6a.	Electricity, heat, natural gas	6a. _____ \$240.00
6b.	Water, sewer, garbage collection	6b. _____ \$215.00
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c. _____ \$425.00
6d.	Other. Specify: <u>Irrigation</u>	6d. _____ \$104.17
7.	Food and housekeeping supplies	7. _____ \$600.00
8.	Childcare and children's education costs	8. _____ \$0.00
9.	Clothing, laundry, and dry cleaning	9. _____ \$150.00
10.	Personal care products and services	10. _____ \$175.00
11.	Medical and dental expenses	11. _____ \$20.00
12.	Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. _____ \$500.00
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13. _____ \$0.00
14.	Charitable contributions and religious donations	14. _____ \$40.00
15.	Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a.	Life insurance	15a. _____ \$0.00
15b.	Health insurance	15b. _____ \$0.00
15c.	Vehicle insurance	15c. _____ \$350.00
15d.	Other insurance. Specify: _____	15d. _____ \$0.00
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16. _____ \$0.00
17.	Installment or lease payments:	
17a.	Car payments for Vehicle 1 <u>2020 Can-Am UTV Maverick</u>	17a. _____ \$320.59
17b.	Car payments for Vehicle 2 <u>2023 Jeep Wrangler</u>	17b. _____ \$1,328.53
17c.	Other. Specify: <u>2018 Ford F250</u>	17c. _____ \$1,210.00
17d.	Other. Specify: _____	17d. _____ \$0.00
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18. _____ \$0.00
19.	Other payments you make to support others who do not live with you. Specify: _____	19. _____ \$0.00
20.	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.	
20a.	Mortgages on other property	20a. _____ \$0.00
20b.	Real estate taxes	20b. _____ \$0.00
20c.	Property, homeowner's, or renter's insurance	20c. _____ \$0.00
20d.	Maintenance, repair, and upkeep expenses	20d. _____ \$0.00
20e.	Homeowner's association or condominium dues	20e. _____ \$0.00

Debtor 1
Debtor 2

**Elizabeth
Rodrigo**

First Name

Middle Name

**Rodriguez
Rodriguez**

Last Name

Case number (if known) _____

21. **Other.** Specify: _____

21. + **\$0.00**

22. **Calculate your monthly expenses.**

22a. Add lines 4 through 21.

22a. **\$10,612.29**

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

22b. **\$0.00**

22c. Add line 22a and 22b. The result is your monthly expenses.

22c. **\$10,612.29**

23. **Calculate your monthly net income.**

23a. Copy line 12 (your combined monthly income) from *Schedule I*.

23a. **\$12,091.39**

23b. Copy your monthly expenses from line 22c above.

23b. **-\$10,612.29**

23c. Subtract your monthly expenses from your monthly income.

The result is your *monthly net income*.

23c. **\$1,479.10**

24. **Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

No.
 Yes.

Fill in this information to identify your case:

Debtor 1	Elizabeth First Name	Rodriguez Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Rodrigo First Name	Rodriguez Middle Name	Last Name
United States Bankruptcy Court for the:	Eastern District of Washington		
Case number (if known)			

Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new **Summary** and check the box at the top of this page.

Part 1: Summarize Your Assets

Your assets

Value of what you own

1. Schedule A/B: Property (Official Form 106A/B)

1a. Copy line 55, Total real estate, from <i>Schedule A/B</i>	\$1,006,140.00
1b. Copy line 62, Total personal property, from <i>Schedule A/B</i>	\$75,431.76
1c. Copy line 63, Total of all property on <i>Schedule A/B</i>	\$1,081,571.76

Part 2: Summarize Your Liabilities

Your liabilities

Amount you owe

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)

2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i>	\$1,851,542.68
---	-----------------------

3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)

3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i>	\$0.00
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i>	+ \$750,365.48

Your total liabilities

\$2,601,908.16

Part 3: Summarize Your Income and Expenses

4. Schedule I: Your Income (Official Form 106I)

Copy your combined monthly income from line 12 of <i>Schedule I</i>	\$12,091.39
---	--------------------

5. Schedule J: Your Expenses (Official Form 106J)

Copy your monthly expenses from line 22c of <i>Schedule J</i>	\$10,612.29
---	--------------------

Debtor 1
Debtor 2

Elizabeth
Rodrigo

First Name

Rodriguez
Rodriguez

Middle Name

Last Name

Case number (if known) _____

Part 4: Answer These Questions for Administrative and Statistical Records

6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
 Yes

7. What kind of debt do you have?

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
 Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. From the **Statement of Your Current Monthly Income**: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$10,837.39

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

Total claim

From Part 4 on Schedule E/F, copy the following:

9a. Domestic support obligations (Copy line 6a.) **\$0.00**

9b. Taxes and certain other debts you owe the government. (Copy line 6b.) **\$0.00**

9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) **\$0.00**

9d. Student loans. (Copy line 6f.) **\$24,834.00**

9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) **\$0.00**

9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) + **\$0.00**

9g. **Total.** Add lines 9a through 9f. **\$24,834.00**

Fill in this information to identify your case:

Debtor 1	Elizabeth	Rodriguez
	First Name	Middle Name
		Last Name
Debtor 2 (Spouse, if filing)	Rodrigo	Rodriguez
	First Name	Middle Name
		Last Name
United States Bankruptcy Court for the:	Eastern District of Washington	
Case number (if known)	<hr/>	

Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person

Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)*.

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

/s/ Elizabeth Rodriguez
Elizabeth Rodriguez, Debtor 1

X /s/ Rodrigo Rodriguez
Rodrigo Rodriguez, Debtor 2

Elizabeth Rodriguez, Debtor 1

Rodrigo Rodriguez, Debtor 2

Date 06/19/2025
MM/ DD/ YYYY

Date 06/19/2025
MM/ DD/ YYYY

Fill in this information to identify your case:

Debtor 1	Elizabeth First Name	Rodriguez Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Rodrigo First Name	Rodriguez Middle Name	Last Name
United States Bankruptcy Court for the:	Eastern District of Washington		
Case number (if known)			

Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/25

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

Married
 Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

No

Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1:	Dates Debtor 1 lived there	Debtor 2:	Dates Debtor 2 lived there
1851 S. Fescue St. Number Street	From <u>2021</u> To <u>2022</u>	<input checked="" type="checkbox"/> Same as Debtor 1	<input checked="" type="checkbox"/> Same as Debtor 1 From _____ To _____
Kennewick, WA 99338 City State ZIP Code	Number Street City State ZIP Code	<input type="checkbox"/> Same as Debtor 1 From _____ To _____	<input type="checkbox"/> Same as Debtor 1 From _____ To _____
Number Street City State ZIP Code	Number Street City State ZIP Code	<input type="checkbox"/> Same as Debtor 1 From _____ To _____	<input type="checkbox"/> Same as Debtor 1 From _____ To _____

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No
 Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).

Debtor 1
Debtor 2

Elizabeth
Rodrigo

Rodriguez
Rodriguez

First Name Middle Name

Last Name

Case number (if known) _____

Part 2: Explain the Sources of Your Income

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.

If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

No

Yes. Fill in the details.

	Debtor 1	Debtor 2
	Sources of income Check all that apply.	Gross Income (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<input type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business <u>\$28,324.00</u>
For last calendar year: (January 1 to December 31, <u>2024</u>) YYYY	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<input type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business <u>\$52,640.00</u>
For the calendar year before that: (January 1 to December 31, <u>2023</u>) YYYY	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<input type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business <u>\$56,400.00</u>

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

No

Yes. Fill in the details.

	Debtor 1	Debtor 2
	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	<u>Social Security</u> <u>Disability</u>	<u>\$6,704.00</u> <u>\$17,144.22</u>
For last calendar year: (January 1 to December 31, <u>2024</u>) YYYY	<u>Social Security</u> <u>Disability</u>	<u>\$12,588.00</u> <u>\$32,909.93</u>
For the calendar year before that: (January 1 to December 31, <u>2023</u>) YYYY	<u>Social Security</u> <u>Disability</u>	<u>\$12,588.00</u> <u>\$32,909.93</u>

Debtor 1
Debtor 2

Elizabeth
Rodrigo

Rodriguez
Rodriguez

First Name

Middle Name

Last Name

Case number (if known) _____

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?

No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$8,575* or more?

No. Go to line 7.

Yes. List below each creditor to whom you paid a total of \$8,575* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/28 and every 3 years after that for cases filed on or after the date of adjustment.

Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

No. Go to line 7.

Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

	Dates of payment	Total amount paid	Amount you still owe	Was this payment for...
<u>Gesa Credit Union</u> Creditor's Name	<u>03/01/2025</u>	<u>\$3,750.00</u>	<u>\$11,045.17</u>	<input type="checkbox"/> Mortgage <input checked="" type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____
<u>51 Gage Blvd</u> Number Street	<u>04/01/2025</u>			
<u>Richland, WA 99352</u> City State ZIP Code	<u>05/01/2025</u>			

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

No

Yes. List all payments to an insider.

	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
Insider's Name				
Number Street				
City State ZIP Code				

Debtor 1
Debtor 2

Elizabeth
Rodrigo

First Name

Middle Name

Rodriguez
Rodriguez

Last Name

Case number (if known) _____

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?
Include payments on debts guaranteed or cosigned by an insider.

No

Yes. List all payments that benefited an insider.

Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
Insider's Name			
Number Street			
City	State	ZIP Code	

Part 4: Identify Legal Actions, Repossessions, and Foreclosures

9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

No

Yes. Fill in the details.

Nature of the case	Court or agency	Status of the case
Case title <u>Automated Accounts v. Rodrigo Rodriguez</u> Case number <u>25-2-01091-8</u>	05/12/2025 Judgment obtained Benton County Superior Court Court Name 7122 W. Okanogan Place Number Street Kennewick, WA 99336 City State ZIP Code	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
Case title <u>XXX v. Rodrigo Rodriguez</u> Case number <u>5A0343499</u>	03/17/2025 Benton County District Court Court Name 7122 W. Okanogan Place Number Street Kennewick, WA 99336 City State ZIP Code	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case title <u>Collection Bureau of Walla Walla v. Rodriguez</u> Case number <u>24-2-02862-2</u>	 Benton County Superior Court Court Name 7122 W. Okanogan Place Number Street Kennewick, WA 99336 City State ZIP Code	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

Debtor 1
Debtor 2

**Elizabeth
Rodrigo**

**Rodriguez
Rodriguez**

First Name

Middle Name

Last Name

Case number (if known) _____

	Nature of the case	Court or agency	Status of the case
Case title <u>Petrocard, Inc. v. Rodriguez</u>		Benton County Superior Court Court Name 7122 W. Okanogan Place Number Street Kennewick, WA 99336 City State ZIP Code	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case number <u>24-2-01495-8</u>			
Case title <u>Armada Corp. v. Rodriguez</u>		Benton County District Court Court Name 7122 W. Okanogan Place Number Street Kennewick, WA 99336 City State ZIP Code	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case number <u>B24-14962</u>			
Case title <u>Cavalry SPV LLC v. Rodriguez</u>		Benton County District Court Court Name 7122 W. Okanogan Place Number Street Kennewick, WA 99336 City State ZIP Code	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case number <u>B25-16032</u>			
Case title <u>Automated Accounts v. Rodrigo Rodriguez</u>		Benton County District Court Court Name 7122 W. Okanogan Place Number Street Kennewick, WA 99336 City State ZIP Code	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case number <u>B25-16191</u>			
Case title <u>XXX v. Rodrigo Rodriguez</u>		Benton County District Court Court Name 7122 W. Okanogan Place Number Street Kennewick, WA 99336 City State ZIP Code	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case number <u>5A-0343499</u>			
Case title <u>Carson Oil Co. v. Rodriguez</u>		Benton County District Court Court Name 7122 W. Okanogan Place Number Street Kennewick, WA 99336 City State ZIP Code	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case number <u>175871</u>			
Case title <u>Collection Bureau of Walla Walla v. Rodriguez</u>		Benton County District Court Court Name 7122 W. Okanogan Place Number Street Kennewick, WA 99336 City State ZIP Code	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case number <u>175817</u>			

Debtor 1
Debtor 2

Elizabeth
Rodrigo

First Name

Middle Name

Rodriguez
Rodriguez

Last Name

Case number (if known) _____

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?
Check all that apply and fill in the details below.

No. Go to line 11.

Yes. Fill in the information below.

Creditor's Name

Number Street

City State ZIP Code

Describe the property	Date	Value of the property
Explain what happened		
<input type="checkbox"/> Property was repossessed.		
<input type="checkbox"/> Property was foreclosed.		
<input type="checkbox"/> Property was garnished.		
<input type="checkbox"/> Property was attached, seized, or levied.		

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

No

Yes. Fill in the details.

Creditor's Name

Number Street

City State ZIP Code

Describe the action the creditor took	Date action was taken	Amount taken

Last 4 digits of account number: XXXX-_____-__

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

No

Yes

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

No

Yes. Fill in the details for each gift.

Debtor 1
Debtor 2

Elizabeth
Rodrigo

Rodriguez
Rodriguez

First Name

Middle Name

Last Name

Case number (if known) _____

Gifts with a total value of more than \$600 per person

Describe the gifts

Dates you gave

Value

Person to Whom You Gave the Gift

Number Street

City State ZIP Code

Person's relationship to you _____

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

No

Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600

Describe what you contributed

Date you contributed

Value

Charity's Name

Number Street

City State ZIP Code

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

No

Yes. Fill in the details.

Describe the property you lost and how the loss occurred

Describe any insurance coverage for the loss

Date of your loss

Value of property lost

Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.

Debtor 1
Debtor 2

Elizabeth
Rodrigo

Rodriguez
Rodriguez

First Name

Middle Name

Last Name

Case number (if known) _____

Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

No

Yes. Fill in the details.

Law Office of Amy Wilburn, PLLC. Person Who Was Paid	Description and value of any property transferred Attorney's Fee; Filing Fee	Date payment or transfer was made 6/17/2025	Amount of payment \$575.00
PO Box 112350 Number Street		06/17/2025	\$1,738.00

Person Who Made the Payment, if Not You

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

No

Yes. Fill in the details.

Person Who Was Paid	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Number Street			
City State ZIP Code			

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property).

Do not include gifts and transfers that you have already listed on this statement.

No

Yes. Fill in the details.

Debtor 1
Debtor 2

Elizabeth
Rodrigo

First Name

Middle Name

Rodriguez
Rodriguez

Last Name

Case number (if known) _____

Person Who Received Transfer

Number Street

City State ZIP Code

Person's relationship to you _____

Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary?
(These are often called asset-protection devices.)

No

Yes. Fill in the details.

Description and value of the property transferred	Date transfer was made

Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

No

Yes. Fill in the details.

Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
---------------------------------	-------------------------------	--	---

Wheatland Bank

Name of Financial Institution

XXXX- 4 0 9 4

Checking

06/2023

\$0.00

222 N. Wall Street

Number Street

Savings

Money market

Brokerage

Other _____

Spokane, WA 99201

City State ZIP Code

Debtor 1
Debtor 2

Elizabeth
Rodrigo

First Name

Rodriguez
Rodriguez

Middle Name

Rodriguez
Rodriguez

Last Name

Case number (if known) _____

Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
---------------------------------	-------------------------------	--	---

Wheatland Bank

Name of Financial Institution

XXXX- 5 6 4 6

Checking

Savings

Money market

Brokerage

Other _____

06/2023

\$0.00

222 N. Wall Street Suite 100

Number Street

Spokane, WA 99201

City State ZIP Code

Spokane Teacher's Credit Union

Name of Financial Institution

XXXX- 2 6 8 4

Checking

Savings

Money market

Brokerage

Other _____

02/2024

\$0.00

9207 East Mission Avenue

Number Street

Spokane, WA 99206

City State ZIP Code

Spokane Teacher's Credit Union

Name of Financial Institution

XXXX- 0 8 5 6

Checking

Savings

Money market

Brokerage

Other _____

02/2024

\$0.00

9207 East Mission Avenue

Number Street

Spokane, WA 99206

City State ZIP Code

Numerica Credit Union

Name of Financial Institution

XXXX- _____

Checking

Savings

Money market

Brokerage

Other _____

05/2023

\$0.00

PO Box Box 4000

Number Street

Veradale, WA 99037

City State ZIP Code

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

No

Yes. Fill in the details.

Debtor 1
Debtor 2

Elizabeth
Rodrigo

Rodriguez
Rodriguez

First Name

Middle Name

Last Name

Case number (if known) _____

Name of Financial Institution

Name

Number Street

Number Street

City State ZIP Code

City State ZIP Code

Who else had access to it? _____

Describe the contents _____

Do you still have it? _____

No

Yes

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

No

Yes. Fill in the details.

Name of Storage Facility

Who else has or had access to it? _____

Describe the contents _____

Do you still have it? _____

No

Yes

Number Street

Number Street

City State ZIP Code

City State ZIP Code

Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

No

Yes. Fill in the details.

Owner's Name

Where is the property? _____

Describe the property _____

Value _____

Number Street

Number Street

City State ZIP Code

City State ZIP Code

Debtor 1
Debtor 2

Elizabeth
Rodrigo

Rodriguez
Rodriguez

First Name

Middle Name

Last Name

Case number (if known) _____

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- *Environmental law* means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- *Site* means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- *Hazardous material* means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

No

Yes. Fill in the details.

Governmental unit		Environmental law, if you know it		Date of notice
Name of site		Governmental unit		
Number	Street	Number	Street	
		City	State	ZIP Code
City	State	ZIP Code		

25. Have you notified any governmental unit of any release of hazardous material?

No

Yes. Fill in the details.

Governmental unit		Environmental law, if you know it		Date of notice
Name of site		Governmental unit		
Number	Street	Number	Street	
		City	State	ZIP Code
City	State	ZIP Code		

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

No

Yes. Fill in the details.

Debtor 1
Debtor 2

Elizabeth
Rodrigo

First Name

Rodriguez
Rodriguez

Middle Name

Last Name

Case number (if known) _____

Court or agency	Nature of the case	Status of the case
Case title _____ Court Name _____	Number Street _____	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case number _____ City _____ State _____ ZIP Code _____		

Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
- A member of a limited liability company (LLC) or limited liability partnership (LLP)
- A partner in a partnership
- An officer, director, or managing executive of a corporation
- An owner of at least 5% of the voting or equity securities of a corporation
- No. None of the above applies. Go to Part 12.

Yes. Check all that apply above and fill in the details below for each business.

Triple A's Trucking

Name _____

Describe the nature of the business

**Employer Identification number
Do not include Social Security number or ITIN.**

Trucking

EIN: 3 1 - 1 7 7 4 4 3 6

89050 E. Calico Road

Number Street _____

Name of accountant or bookkeeper

Dates business existed

From 2016 To Present

Kennewick, WA 99338

City _____ State _____ ZIP Code _____

Roy's Trucking, Inc.

Name _____

Describe the nature of the business

**Employer Identification number
Do not include Social Security number or ITIN.**

Trucking

EIN: 3 1 - 1 7 7 4 4 3 6

100507 E. Ridgeview Dr.

Number Street _____

Name of accountant or bookkeeper

Dates business existed

From 2005 To 2025

Kennewick, WA 99338

City _____ State _____ ZIP Code _____

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

No

Yes. Fill in the details below.

Debtor 1
Debtor 2

**Elizabeth
Rodrigo**

First Name

**Rodriguez
Rodriguez**

Middle Name

Last Name

Case number (if known) _____

Date issued

Name

MM / DD / YYYY

Number Street

City State ZIP Code

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

X /s/ Elizabeth Rodriguez

Signature of Elizabeth Rodriguez, Debtor 1

Date 06/19/2025

X /s/ Rodrigo Rodriguez

Signature of Rodrigo Rodriguez, Debtor 2

Date 06/19/2025

Did you attach additional pages to your *Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

No

Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person _____

Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

United States Bankruptcy Court
Eastern District of Washington

In re Rodriguez, Elizabeth

Rodriguez, Rodrigo

Case No. _____

Debtor

Chapter 11

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U .S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept \$6,000.00

Prior to the filing of this statement I have received \$2,000.00

Balance Due \$4,000.00

2. The source of the compensation paid to me was:

Debtor Other (specify)

3. The source of compensation to be paid to me is:

Debtor Other (specify)

4. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor' s financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

06/19/2025

Date

/s/ Amy Wilburn

Amy Wilburn
Signature of Attorney

Bar Number: 49583

Law Office of Amy Wilburn, PLLC.

PO Box 112350

Tacoma, WA 98411

Phone: (253) 617-4380

Law Office of Amy Wilburn, PLLC.

Name of law firm

Fill in this information to identify your case:

Debtor 1	Elizabeth	Rodriguez	
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Rodrigo	Rodriguez	
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	Eastern District of Washington		
Case number (if known)			

Check if this is an amended filing

Official Form 122B

Chapter 11 Statement of Your Current Monthly Income

12/21

You must file this form if you are an individual and are filing for bankruptcy under Chapter 11 (other than Subchapter V). If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Calculate Your Current Monthly Income

1. What is your marital and filing status? Check one only.

Not married. Fill out Column A, lines 2-11.
 Married. Fill out both Columns A and B, lines 2-11.
 Married and your spouse is NOT filing with you. Fill out Column A, lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

Column A	Column B
Debtor 1	Debtor 2 or non-filing spouse

2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions). **\$0.00** **\$0.00**

3. Alimony and maintenance payments. Do not include payments from a spouse. **\$0.00** **\$0.00**

4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Do not include payments from a spouse. Do not include payments you listed on line 3. **\$0.00** **\$0.00**

5. Net income from operating a business, profession, or farm

	Debtor 1	Debtor 2
Gross receipts (before all deductions)	\$0.00	\$17,599.29
Ordinary and necessary operating expenses	\$0.00	\$9,619.27
Net monthly income from a business, profession, or farm	\$0.00	\$7,980.02

Copy here → **\$0.00** **\$7,980.02**

6. Net income from rental and other real property

	Debtor 1	Debtor 2
Gross receipts (before all deductions)	\$0.00	\$0.00
Ordinary and necessary operating expenses	\$0.00	\$0.00
Net monthly income from rental or other real property	\$0.00	\$0.00

Copy here → **\$0.00** **\$0.00**

Debtor 1
Debtor 2

Elizabeth
Rodrigo

First Name Middle Name

Rodriguez
Rodriguez

Last Name

Case number (if known) _____

7. Interest, dividends, and royalties

8. Unemployment compensation

Do not enter the amount if you contend that the amount received was a benefit under

the Social Security Act. Instead, list it here: ↓

For you..... **\$1,254.00**

For your spouse..... **\$0.00**

Column A Debtor 1	Column B Debtor 2 or non-filing spouse
----------------------	--

\$0.00 **\$0.00**

\$0.00 **\$0.00**

9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title.

\$0.00 **\$0.00**

10. Income from all other sources not listed above. Specify the source and amount.

Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below.

If necessary, list other sources on a separate page and put the total below.

Income from All Other Sources

\$2,857.37 **\$0.00**

Total amounts from separate pages, if any.

+ _____ **+ _____**

\$2,857.37 **+ \$7,980.02**

= \$10,837.39

Total average
monthly income

Part 2: Sign Below

By signing here, under penalty of perjury I declare that the information on this statement and in any attachments is true and correct.

X /s/ Elizabeth Rodriguez

Signature of Debtor 1

X /s/ Rodrigo Rodriguez

Signature of Debtor 2

Date 06/19/2025
MM/ DD/ YYYY

Date 06/19/2025
MM/ DD/ YYYY

IN THE UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF WASHINGTON
SPOKANE DIVISION

IN RE: **Rodriguez, Elizabeth**
Rodriguez, Rodrigo

CASE NO

CHAPTER 11

VERIFICATION OF CREDITOR MATRIX

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date 06/19/2025 Signature /s/ Elizabeth Rodriguez
Elizabeth Rodriguez, Debtor

Date 06/19/2025 Signature /s/ Rodrigo Rodriguez
Rodrigo Rodriguez, Joint Debtor

Absolute Resolution
Investment
8000 Norman Center Dr. Suite 350
Minneapolis, MN 55437

Absolute Resolutions
Investments, LLC
PO Box Box 243
Minneapolis, MN 55439

ADT
PO Box 371878
Pittsburgh, PA 15250

AG Adjustments
One Huntington Quadrangle Suite 4N15
Melville, NY 11747

American Coradius
International
2420 Sweet Home Road Suite 150
Buffalo, NY 14228

American Express
P.O. Box 410
Ramsey, NJ 07446-0410

American Profit Recovery
34505 W. 12 Mile Road Suite 333
Farmington, MI 48331

Arcon Credit Solutions, LLC
8425 Seasons Parkway Suite 106
Saint Paul, MN 55125

Armada Corp.
93 Eastmont Ave. Suite 100
East Wenatchee, WA 98802-5305

ARS National Services Inc.
PO Box 469046
Escondido, CA 92046-9046

ARSI
555 St Charles Dr Suite 110
Thousand Oaks, CA 91360

ASAP Collections, Inc.
6980 Santa Teresa Blvd. Suite 150
San Jose, CA 95119

AT&T
PO Box 5014
Carol Stream, IL 60197

Automated Accounts, Inc.
430 W. Sharp Ave
Spokane, WA 99201

Banner Bank
10 S 1st Ave
WallaWalla, WA 99362

Barclays Bank Delaware
PO Box 8803
Wilmington, DE 19899

Benton Rural Electric
Association
402 7th St.
Prosser, WA 99350

Boone Emergency Physicians
2753 Hospital Court
Rio Grande City, TX 78582

Caine & Weiner
2000 Warrington Way
Louisville, KY 40222

Canal Insurance
P.O Box 7
Greenville, SC 29602

Capital One
PO Box 31293
Salt Lake City, UT 84131

Carson
3125 NW 35th Ave.
Portland, OR 97210

Cavalry Portfolio Services
500 Summit Lake Dr.
Valhalla, NY 10595-1340

Cavalry SPV I LLC
1 American Lane Suite 220
Greenwich, CT 06831

Cavalry SPV I LLC
3800 N. Central Ave.
Phoenix, AZ 85012-1992

CECO, Inc.
3125 NW 35th Ave.
Portland, OR 97210

Christensen Oil Fuel
1060 Jadwin Ave.
Richland, WA 99352

Citibank N.A.
PO Box 9001037
Louisville, KY 40290-1037

Citibank NA
5800 S Corporate Place
Sioux Falls, SD 57108

Citibank, N.A.
PO Box 9001094
Louisville, KY 40290-1094

City of Kennewick
210 W 6th Ave.
Kennewick, WA 99336

City of West Richland
3100 Belmont Boulevard Suite 100
West Richland, WA 99353

Client Services Inc
3451 Harry S Truman Blvd
Saint Charles, MO 63301-4047

Coast Professional, Inc.
4273 Volunteer Road
Geneseo, NY 14454

CO-Energy, Inc.
1015 N Oregon Ave
Pasco, WA 99301

Coleman Oil
335 Mill Road
Lewiston, ID 83501

**Collection Bureau of Walla
Walla**
224 E. Poplar St.
Walla Walla, WA 99362

**Collection Bureau of Walla
Walla**
224 E. Poplar St.
Walla Walla, WA 99362

Comenity Bank
PO Box 182120
Columbus, OH 43218-2120

**Continental Commercial
Group**
1111 N. Brand Blvd. Suite 401
Glendale, CA 91202

Crazy Frog Pest Control
4023 W. Clearwater Ave.
Kennewick, WA 99336

Credit Collection Services
PO Box 607
Norwood, MA 02062

Credit Collection Services
Collection
PO Box 607
Norwood, MA 02062

Credit Control LLC
PO Box 31179 Suite 500
Tampa, FL 33631

Credit Management LP
6080 Tennyson Pkwy Suite 100
Plano, TX 75024-6002

Dellwo, Roberts & Scanlon,
P.S.
1124 W. Riverside Ave. Suite 310
Spokane, WA 99201-1109

Direct TV
2230 E Imperial Hwy
El Segundo, CA 90245

Dobbs Peterbilt
2800 136th Avenue Court E.
Sumner, WA 98390

E-470 Public Highway
Authority
P.O. Box 5470
Denver, CO 80217-5470

Ed Financial/ESA
120 N. Seven Oaks Dr.
Knoxville, TN 37922-2359

Elan Financial Services
PO Box 108
Saint Louis, MO 63166-1610

Enhanced Recovery Co.
P.O. Box 23870
Jacksonville, FL 32241-3870

Evergreen Financial Services
Inc.
1214 North 16th Avenue
Yakima, WA 98902

Express Collections
PO Box 9307
Rapid City, SD 57709

Fairway Collections
1616 S. Gold Street Suite 5
Centralia, WA 98531

Financial Recovery Services
PO Box 385908
Minneapolis, MN 55438

First National Bank of Omaha
P.O. Box 2658
Omaha, NE 68103-2658

First National Collection
Bureau Inc
50 W Liberty Street
Reno, NV 89501

FleetOne Holdings, LLC
PO Box 630038
Cincinnati, OH 45263-0038

Flyers Energy, LLC
2360 Lindbergh Street
Auburn, CA 95602

Geico Inc.
Attn: Region 3 Underwriting
PO Box 9105
Macon, GA 31208

Gesa Credit Union
51 Gage Blvd
Richland, WA 99352

Goldman Sachs Bank USA
Lockbox 6112
PO Box 7247
Philadelphia, PA 19170-6112

Greenburg, Grant & Richards,
Inc.
5858 Westheimer Road Suite 500
Houston, TX 77057

GWP Holdings, LLC
2800 136th Avenue Ct. E.
Sumner, WA 98390-9206

Harris & Harris
111 W Jackson Blvd 400
Chicago, IL 60604

HSBC Bank USA NA
PO Box 4657
Carol Stream, IL 60197

Hunt & Sons, LLC
5750 S. Watt Ave
Sacramento, CA 95829

Incyte Pathology, PS
P.O. Box 3495
Raymond, OH 43067-0475

Indiana Toll Road Concession
Company
3200 Cassopolis St.
Elkhart, IN 46514

Inland Imaging Associates,
PS
801 S Stevens St.
Spokane, WA 99204-2654

Internal Revenue Service
Centralized Insolvency Operations
PO Box 7346
Philadelphia, PA 19101

Jefferson Capital System
PO Box 17210
Golden, CO 80402

Justice Family Chiropractic
7106 W. Hood Place
Kennewick, WA 99336

Kadlec Regional Medical
Center
888 Swift Blvd
Richland, WA 99352

Law Office of Benjamin Kelly,
P.S.
9218 Roosevelt Way NE
Seattle, WA 98115

Les Schwab Tire Center
PO Box 5350
Bend, OR 97708

Linebarger Goggan Blair &
Sampson LLP
PO Box 17428
Austin, TX 78760

Malheur County Circuit Court
251 B. Street W. Box 3
Vale, OR 97918

Maryland Transportation
Authority
P.O. Box 12853
Philadelphia, PA 19176-0853

McCarthy Burgess & Wolff
26000 Cannon Rd
Bedford, OH 44146

Media Collections, Inc.
8948 Canyon Falls Blvd. Suite 200
Twinsburg, OH 44087-1900

Merchants Credit Association
2245 152nd Avenue NE
Redmond, WA 98052

Michael Breier, DMD
2469 Queensgate Dr
Richland, WA 99352

Motive
55 Hawthorne Street Suite 400
San Francisco, CA 94105

NACM Commercial Services
7931 NE Halsey St. Suite 103
Portland, OR 97213

Nat Assoc of Credit Mgmt
8840 Columbia 100 Pkwy
Columbia, MD 21045

NC Quick Pass
P.O. Box 100020
Fort Lauderdale, FL 33302-4430

New Jersey EZ-Pass
P.O. Box 4971
Trenton, NJ 08650

Nolan's Collisions
1125 E. Columbia Street
Pasco, WA 99301

North Texas Tollway
Authority
P.O. Box 260928
Plano, TX 75026-0928

Numerica Credit Union
PO Box Box 4000
Veradale, WA 99037

Optimum Outcomes
PO Box 660943
Dallas, TX 75266-0943

Oregon Judicial Department
1163 State St.
Salem, OR 97301-2563

Palladino Law Office, LLC
2400 Veterans Memorial Blvd. Suite 300A
Kenner, LA 70062

Pennsylvania Turnpike Toll by
Plate
P.O. Box 645631
Pittsburgh, PA 15264-5254

Petrocard, Inc.
730 Central Ave S.
Kent, WA 98032

P-Fleet Fuel Card
6390 Greenwich Drive Suite 200
San Diego, CA 92122

Pinnacle Pain Center
8524 W. Gage Blvd. Bldg. A-1
Kennewick, WA 99336

Portfolio Recovery Associates
120 Corporate Blvd 100
Norfolk, VA 23502

Prairie Electric, Inc.
27050 NE 10th Ave
Ridgefield, WA 98642

Premier Anesthesia
2655 Northwinds Parkway
Alpharetta, GA 30009

Radius Global Solutions LLC
PO Box 390900
Minneapolis, MN 55439

Revco Solutions Inc.
P.O. Box 2589
Columbus, OH 43216-2589

Riverlink
P.O. Box 70
Perry, NY 14530

Senske Services
400 N. Quay St.
Kennewick, WA 99336

Small Business
Administration
409 3rd St SW
Washington, DC 20416

Smart Sales & Lease
3220 W Main St #200
Rapid City, SD 57702

Sound Credit Union
P.O. Box 1595
Tacoma, WA 98401

Southwest Credit Systems
4120 International Pkwy #1100
Carrollton, TX 75007

Spokane Teacher's Credit
Union
9207 East Mission Avenue
Spokane, WA 99206

Sunrise Credit Services
PO Box 9100
Farmingdale, NY 11735

Synchrony Bank
P.O. Box 960012
Orlando, FL 32896-0012

Target
PO Box 660170
Dallas, TX 75266-0170

TCL North America
850 New Burton Road Suite 201
Dover, DE 19904

TD Bank USA
PO Box Box 673
Minneapolis, MN 55440-0673

The Goodyear Tire & Rubber
Company
200 Innovation Way
Akron, OH 44316-0001

The Home Depot/CBNA
PO Box 6497
Sioux Falls, SD 57117

Transworld Systems, Inc.
P.O. Box 15110
Wilmington, DE 19850

TriVerity, Inc.
26263 Forest Blvd. Suite 100
Wyoming, MN 55092

Twinstar Credit Union
PO Box Box 718
Olympia, WA 98507-0718

ULine
12575 Uline Drive
Pleasant Prairie, WI 53158

Umpqua Bank
500 SE Cass Ave
Roseburg, OR 97470-3103

Undue Medical Debt
P.O. Box 19085
Long Island City, NY 11101-9085

Unifin, Inc.
P.O. Box 1608
Skokie, IL 60076

United Collection Bureau Inc
PO Box 140310
Toledo, OH 43614

US Bank
800 Nicollet Mall
Minneapolis, MN 55402-7000

US Bank
PO Box 108
Saint Louis, MO 63166

Valley Empire Collection
8817 E. Mission Ave. Suite 101
Spokane, WA 99212

Valor Intelligent Processing
LLC
P.O. Box 207899
Dallas, TX 75320-7899

Verizon Wireless
Bankruptcy Administration
500 Technology Drive Suite 550
Saint Charles, MO 63304

Violation Enforcement
Systems
P.O. Box 1212
Horseheads, NY 14845-1200

WA Dept of Transportation
P.O. Box 34562
Seattle, WA 98124-1562

Washington Collectors
510 N. 20th Ave. Suite D
Pasco, WA 99301

Waterways, Inc.
2118 SE 12th Ave. #101
Battle Ground, WA 98604

Wells Fargo Card Services
PO Box 393
Minneapolis, MN 55480-0393

Wheatland Bank
205 S. Main St. Suite 1
Ellensburg, WA 98926

Wilcox & Flegel Oil Co.
95 Panel Way
Longview, WA 98632

Yakima Adjustment Service,
Inc.
309 W. Lincoln Ave
Yakima, WA 98902-2655